MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06385 6406 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL-RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RUPAL on degive neorest town) d. NAME OF HOSPITAL not in haspital, give street address) d STREET_ADDRESS e. IS RESIDENCE OR INSTITUTIO ON A FARM? YES NO NAME OF 3. Middle Lost DATE Doy Year (Type or print) DEATH 19 9 AGE (In fears 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR Months Doys Hours DIVORCED T WIDOWED ? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IMPUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? No. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH Arteriosclerosis. Generalized 5 yrs. **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ICT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Not while at work M ol work 21. I certify that I attended the deceased fram. _____, 19.55, to June 10 ____, 19.59, that I last saw the deceased alive on June 7 , and that death occurred at 1. M. from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE should be Mallow Hill Ave. PHYSICIAN'S NAME (Type) Leo J. Gaver. M.D. Saltimore 29. Md. 3 27 BURIAL, CREMATION 22b. DATE THEREOF 22c. NAMEYOF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) REMOVAL (Scheily) 01 23. FUNERAL DIRECTORS SIGNATURE ADDRESS 24b. REGIS RAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4)

15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6407 Ltem 2 Ril: 6-19-59 et CERTIFICATE OF DEATH

16386 Dist. No.

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE Maryland b. COUNTY City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 y 0 / 4
d. NAME OF HOSPITAL (If not in hospital, give street address). OR INSTITUTION 5826 Framview Avenue.	d. STREET ADDRESS 115 N. Clinton Street . IS RESIDENCE ON A FARM? YES [] NO []
3. NAME OF DECEASED (Type or print) Mr. Joseph J.	Adams 4. DATE Month Day Year Adams Adams 4. DATE Month Day Year DEATH June 13th 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NAME WIDOWED X DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min. 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dredge (aptain	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USA
William Owczarzak	Tina Zannenka
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes. give wor or dates of service) 101-09-3172	Mrs. Elizabeth Kiefner same
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stoting the under. Lying couse lost.	roty conder samular
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State ctory, street, affice bldg., etc.)
i i i ann a	-, 1949, to 6-1, 1959, that I last saw the deceased accoursed at M, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 14 North East Avenue Baltimore, Maryland
220. BURIAL, CREMATION, 226. DATE THEREOF Sacred Hea	rt Cemetery Baltimore Co. Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	d #711 DATE JUN 1 6 '59 Cathury & Frank

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or TO HOSPITAL OF

VS A15 (4) 15M 9/58

SERVICE SERVICE SERVICES and the summer of the the little of the second of th

	MARYLAND STATE DEPARTA Item 9, Film G244, 6/19/59 6408 Item 2 Film CERTIFIC	MENT OF HEALTH—BALTIMOR	06387
1.	PLACE OF DEATH O. COUNT BALLIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in	Reg. Dist. No. Institution: Residence before admission) UNITY TOWN TO THE CITY UNITY TOWN TO THE CITY
	b. CITY OR TOWN (If autside casporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest towns.	c/ CITY OF TOWN (If durisde tarporate limits, v	York City 69X-3
2	ii. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Callege MRAON NAME OF First Middle	Semilary 11 1946	Street on A FARM?
5.	DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	OKEN head DEATH JUB. DATE OF BIRTH 9. AGE (In	Month Day Yeor N. C. 12 1959 yeors FUNDER 1 YEAR FUNDER 24 HR
10	Female White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	July 19 1886 787	doy) Months Days Haurs Min. 2 yrs. 12. CITIZEN OF WHAT COUNTR'
	during most of working life, even if retired) FATHER'S NAME	Rochester N. Y.	<i>U.S.</i>
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Julia Felt	Address
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY:	The Sigeller Colo	INTERVAL BETWEEN ONSET AND DEATH
	260 X DUE TO Conditions, if any, which) (b) Cublication	Loces is	years
_	gove rise to immediate cause (a), stating the under-lying cause last.	es reeletus	1/20cm
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL 20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURR		PERFORMED? YES NO
ICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port ar Part of item 1 PLACE OF INJURY (Hame, farm, 20f. (City ar town)	
MEDIC	Haur a. m. p. m. 19 While Not while of work at work	actary, street, office bldg., etc.)	(Caunty) (Stat
	21. I certify that attended the deceased from the alive on, 19, and that deat	h accurred at Q M, from the cause Appress (Street, city, or	

PHYSICIAN'S NAME (Type)

		1	
BURIAL	6-16-59	MOUNT	HOPE
REMOVAL (Specify)	1 11 -11		
2a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CREMATOR

22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE

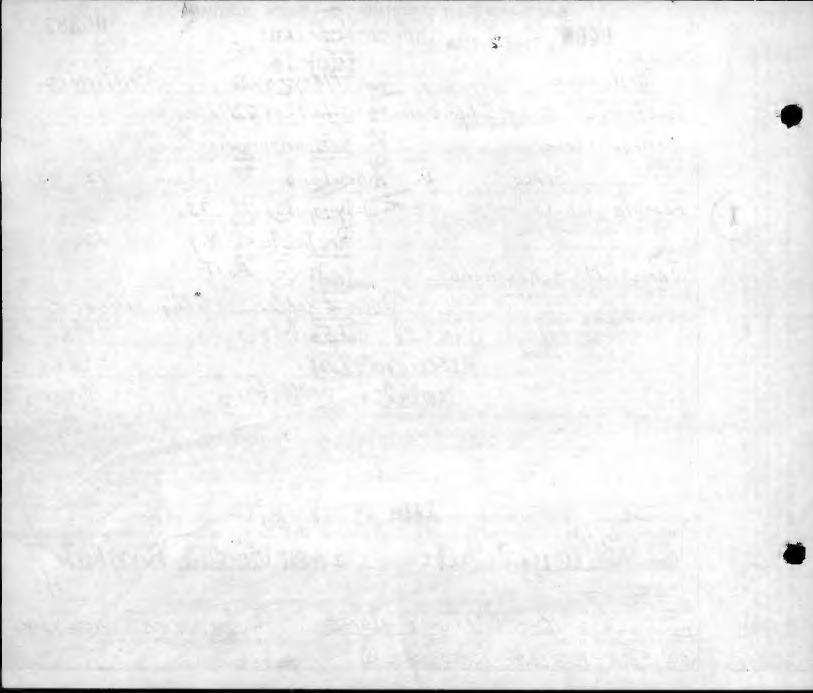
240. REC'D BY REGISTRAR

VS A15 (4) 15M 9/5B

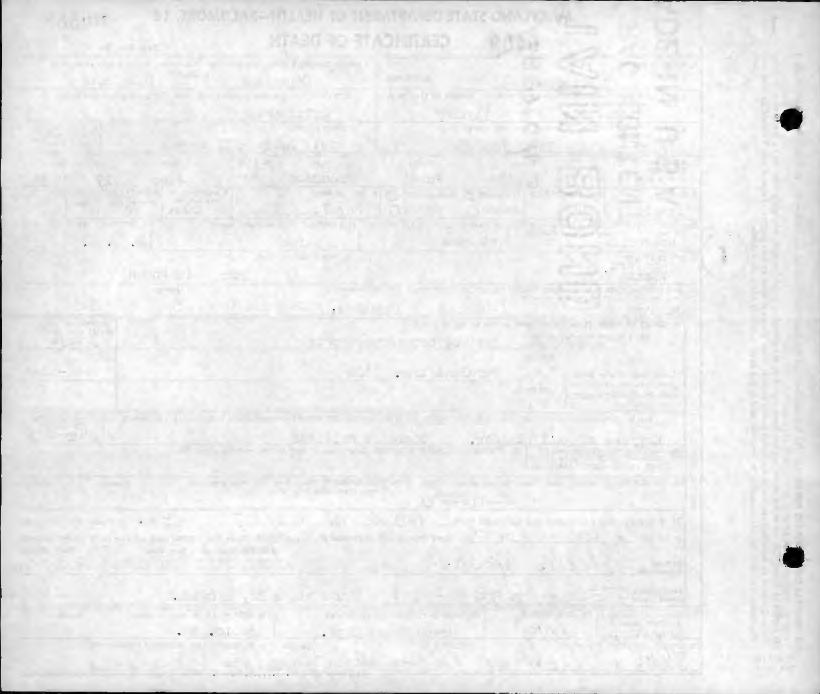
M COCK-TOWSON- 1050 YORK R)

15'59

(State)



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may be retained. The hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs/ofter death.

NDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR

VS A15 (4) 15M 10/57

	6410 CERTIFIC	ATE OF DEATH Reg. Dis	it. No.
1.	PLACE OF DEATH O. COUNTY BELLEWARE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE BLUE BLUE B. COUNTY BLUE	ce before admission)
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) Completed - Cural Life	c. CITY OR TOWN If outside corporate limits, write RURAL and g	pive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) (LEVELAND - E-AR)	MACOST 4. DATE OF DEATH Succe	18 19-5 9
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mar 12-1885 Mis birthdoy) Months	Doys Hours Min.
	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIdusing good of working life, even if retired)	in Maryland	WS A
L	Slifah annagost	Leorgeaune ame	reast
300	15. no. or unkeglun) (If your love wor or detail of sarvice) Mo	no Elva armacat " Uppe	uso med
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Coronary Thrombos	is '/	ONSEL AND TEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoling the under-	Sclerosis	5 years
CERTIFICATION	lying couse last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? - YES NO
	200. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P. Hour a. m. 19 While Not while at work at work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (C	ounty) (Stote
	21. I certify that I attended the deceased from Juna 2	, 19.59 , to June 18 , 19.59 ,that I I	ast saw the deceas
	actual SIGNATURE M. C. Party Link	h occurred at 3:30 DM, from the causes and an the ADDRESS (Street, city or town, state) M.D. 28 So Main	e date stated abar DATE SIGN 6/19/59
	PHYSICIAM'S M.C.Porterfield.	Hampstead, Md.	
	SERVIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OF SERVICE 2/-59 Success (OR CREMATORY 22d. LOCATION (City, town, or county) Alse Bulls Le	Wed (State)
23	CONFERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE

the state of the second second

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, ar removal, and in ony event within 72 hours offer death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6411 **CERTIFICATE OF DEATH**

06390

		01-	CERTIFI	CATE OF DEA	III	Reg. Dist. No.
	1. PLACE OF DEATH 0. COUNTY Balti	more.	MARYLA	- CTATE	(Where deceosed lived If instituted by COUNT	ution Residence before odmission) Y Baltimore
	RURAL ond give no Ruxto	n		16 c CITY OR TOWN	(If outside corporate limits, write bon	RURAL and give nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	rat (If not in haspifal, give streenwood R	oad #2	d STREET ADDRESS	Greenwood Ro	oad #2 S RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	CHARL		ARNOLD	4. DATE OF June	onth +,1959 Day Year
	Male	White wa	MARRIED MINEVER MARRIED DOWED DIVORCED	Jan. 26,19) Months Doys Hours Min.
)	Attorney	ON (Give kind of work done king life, even if retired)	Insurance	Maryla	nd	12 CITIZEN OF WHAT COUNTRY?
ľ		J. Arnold		Mary Lot	isa Orrison	
	15. WAS DECEASED EVE (Yes, no. or unknown, NO	R IN U.S. ARMED FORCES: (If yes, give wor or dates of service)	216-01-0911	Mrs. Mary		7 Greenwood R _d
		ATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Try, which mmediate DUE TO	coronay afterno - S	thromboas entery Dis clarotee Hea	Diseose	INTERVAL BETWEEN ONSET AND DEATH
)	PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION G	GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING	MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury	in Part I or Part II of item 18)	
	20c TIME OF INJUR Hour o.m.	v	20d, INJURY OCCURRED 20 While Not while It work 0 t work 1	e PIACE OF INJURY (Home, i foctory, street, office bldg.,	form, 20f. (City or town) etc.)	(County) (State)
	21. I certify the	nat lattended the de	and the second			7, that I last saw the deceased and an the date stated above.
	ACTUAL SIGNATURE	rowford N.	Kulfatrik &	v. M.D. & E. E	age St. Belte	mais, 14. Jun 4, 195
1	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	PAWFORD	N. KIRK Pat	PICK JR.	22d LOCATION (City, town	n, or county) (State)
	Burla I (Specify)	6/6/59	Mt. Olive	t	Frederick,	Maryland
	23. FUNERAL DIRECTOR WM COOK—1	's signature Powson, I c.	Towson 4, Md			Cintley & House





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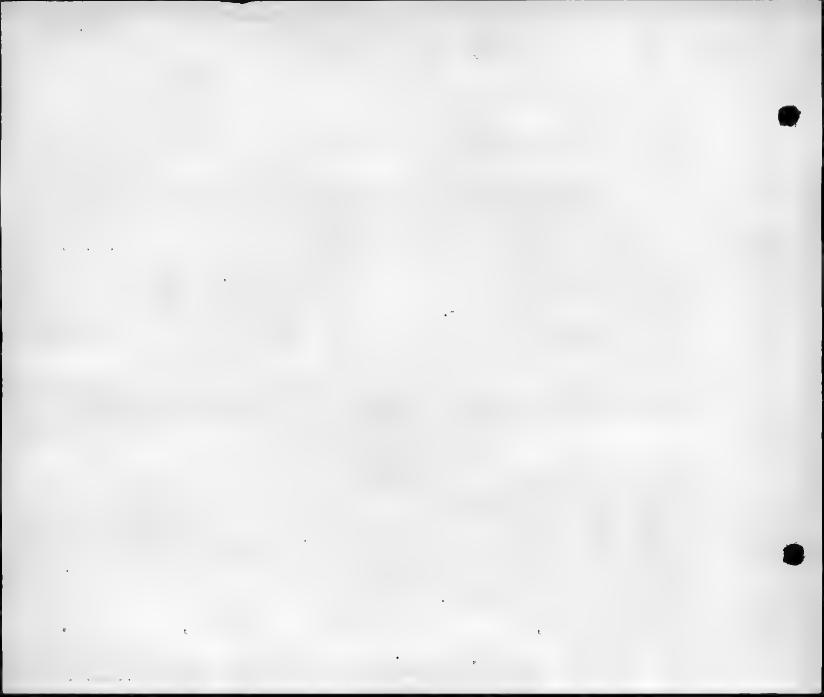
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06393

6413 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Baltirore MARYLAND						Maryl		lived II instituti b COUNTY		nce befo	re admiss	ion]
b. CIT	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					c. CITY OR	TOWN (If or	ulside corpora	ite limits, write f	URAL and	give ne	grest lawn) _v
, KU	Catonoville 15yr			15yrlmth]	L2dys	B	altimo	re	,	3			
0.0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET	ADDRESS			<u></u>		e. IS RES	DENCE FARM?
SPR		OVE STAR	HC.	S TTAL		2632	North	Charle	S Stree	t			NO 🗌
3. NAMI DECE/ (Type	E OF ASED or print)	Fii Rob		Middle C a	rlan	d Bai		4. DATE OF DEATH	Moi	une	Do		Year 19 55
5. SEX				RIED NEVER MARRI	FD F3	B. DATE OF BIRT		I	. AGE (In years last birthdoy)	IF UNDE	RIYEAR		
mal	.e	white	WIDOW			Novemb	er 26.	1923	last birthdoy) 35 yrs.	Months	Days	Hours	Min
10a. USU duri	AL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHP	LACE (State of	or foreign cou	ntry)	12. CI			COUNTRY?
12 FATM	schola.	r				14. MOTHER'S		sachus	ttes		U.	3. A	•
13. PAIN		d Howard B	-47	and and		14. MOTHERS			Managaria				
15 WAS				SOCIAL SECURITY NO	117 14	IFORMANT	Barri	terr E.	. Martin				
(Yas, no. o.	(nuguonu) (If yes, give wor or deten of s	ervice]	18-32-1272		cords:	S PRIN	G GRO			HOSPITAL		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute hemorrhagic pancreatitis Due to						INTERVAL BETWEEN ONSET AND DEATH						
cau lyir	nditions, if an we rise to in se (a), staling t g couse last. Part II QTH	he <u>under-</u> DUE TO)	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	/EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED?
O (OF E	ACCIDENT WAS CONTRIBUTING ITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature o	of injury in P	art I at Part I	l of item 18)				
WEDICAL	TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While of wor		20e. PLA foc	CE OF INJURY (tary, street, office	Home, form, e bldg., etc.)	20f. (City o	or lown)	(County)	·	(State)
oliv ACTI SIGN	e on <u>Ju</u>	of I offended the ne 9 r Fruol RTRUDIS	19	9 Coise fu	death ////	SPF	4:45p	_M, from ADORESS (Stree GROVE	the causes of the cause of	and on t stote) HOSP	he da	te state	
Butty	IAL, CREMATION OVIL (Specify)	June 11,	1959			CREMATORY USOLOUM		22d. LOCATIO Balti	on (City, Iawn, Imore)	or county)		Md	
John	RAL DIRECTOR'S	SIGNATURE	ns T	ADDRESS nc. 1900 Et	rtaw	Place	24a. REC'D	BY REGISTRA	AR 24b REGI	STRAR'S SI	GNATU	RE	
	, OF M.20			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DATEHN	11 '59	Ga		4-		
	1/												







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C1.1K CEPTIFICATE OF DEATH

Reg.	Dist.	No.
44.0 31.		****

		DATO	431711110			•		Reg. I	Dist. No.	
PLACE OF DEATH COUNTY Balti	more	-	MARYEAND	2 USUAL RESIGNATE MAIRY	ence (we	ere decease	d lived If inst b. COU	NTY	ence before o	
b. CITY OR TOWN RURAL and give	(If outside corporate limits nearest town)		IGTH OF STAY IN 15	c. CITY OR T	OWN (If o		orote limits, wri	ite RURAL on	give neorest	town)
	Howard		L Days		antow	m		1.		
OR INSTITUTION	PITAL (If not in hospitol, given ans Administ	·		d. STREET A						RESIDENCE ON A FARM?
NAME OF	First		Middle	los		4. DATE		Manth	Day	Yeor
DECEASED (Type or print)	WILLIAM	MAI	FRANCIS	BEAN		OF DEATH	_	me	9	1959
SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF GIRTH	1		9 AGE (In ye	ers IF UND	ER I YEAR IF	JNDER 24 HR
Male		WIDOWED 🗌	DIVORCED 🔲	August			9 AGE (In ye	yrs. Months	Doys H	ours Min
 USUAL OCCUPAT during most of we 	ION (G ve kind of work dorking life, even if retired)	lone 10b. KIND O	F BUSINESS OR INDU	ISTRY 11 BIRTHPL	ACE (State	or foreign c	ountry)	12 0	ITIZEN OF V	HAT COUNT
Electri	cian	Conti	ractor			Maryl	and	บ.	. S. A.	
, FATHER'S NAME				14. MOTHER'S						
	L. Bean			Emma F	. Fit	2simm				
Yes, no, or unknown) Yes	/ER IN U. S. ARMED FORC	evical		INFORMANT Linical R	ecord	ls,Vet		Address Spital	L,Ft.Ho	ward,
18. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c).}										L BETWEEN
PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, LEFT UPPER TORE OF LING										AND DEATH
11 .7	o)(E)(I)(TASTASTS	, ,		er al Dome	JUBB UI	- II-UIVG		ONTHS_
Conditions, if	ony, which } (b).		THOTH							
gove tise to couse (o), sloting	immediate (
lying couse last										_
PART II. O	THER SIGNIFICANT COND	OITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	P	VAS AUTOPSI ERFORMED?
PART II. O	AS UNDERLYING DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of	injury in I	ort I or Par	t II of item 18.	1		
Hour o.m	JRY Manth, Day, Year	While No	ot while fo	ACE OF INJURY II	lome, form bldg., etc.	20f. (Cit)	or town)		(County)	(Stote
	77.6		work	60	-			ed		
		deceased from	m. 1187 19	, 19 <u>59</u>	, to <u>√</u> ¥	ne_9_	, 19_	294MAD		ing the co
21. I certify t	that Bottended the	YYYYYY	TY		2010	TOTAL P				
21. 1 certify (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		, and that death	accurred at.	10:45	PM fran	n the cause	es and on	the date :	tated abi
AWX XXXX	that Mattended the	XXXXXXX	and that death		4	ADDRESS (S	treet, city or to	wn, state)	the date :	DATE SIG
21. I certify to the control of the	that Bottended the		and that death		4	ADDRESS (S	n the cause treet, city or to D. MARY	wn, state)	the date :	tated about the state of the st
ACTUAL SIGNATURE PHYSICIAN'S	Way	211112	and that death		4	ADDRESS (S	treet, city or to	wn, state)	the date :	DATE SIG
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	WAZTER of PI	LIANOWSK	and that death	M.D. VAH.	4	HONAR	breel, city or to	wn, state)		6/10/
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATI REMOVAL (Specific	WAZTER of PI	LJANOWSK F 22c N	And that death	M.D. VAH	FORT	HONTAR	D MARY	LAND		bate sign DATE SIGN 6/10/
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	WAZTER of PI	LIANOWSK Ar	and that death	M.D. VAH	FORT	HONTAR	D MARY	wn, state)	nia	6/10/

TO HOSPITAL OR A TNDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours offered the Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the reacted director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the registrar prior to burial, commonly, and in may event within 72 hours after Tegah.

VS A15 (4) 15M 10/57

TO HOSPITA, ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of confi. Page A may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: Page 3 should be delicated for use as the buriol-transit permit. Then please remove compensations. Pages 1 and 2 should be filed with the read with the rest of the confidence of the confidence of the filed with the rest of the re

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6416

06397 Reg. Dist. No.

	V	- A V						wegi bisi	1402
1, PLACE OF DEATH o. COUNTY	BALTO.		MARY	rLAND	2 USUAL RESIDENCE o. STATE	(Where decease	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town)	is, write	c. LENGTH OF STAY	IN 1b			orote limits, write R S レノムム		e nearest town)
	PITAL (If not in hospital, g	ive street c			/ d STREET ADDRES	SS	ECT A		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MICH		Middle	a martine	ECC10	4. DATE OF DEATH	Mod TC1		Day Year
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	,		Oct.16.15	394	9. AGE (In years lost birthday)	Months D	YEAR IF UNDER 24 HRS loys Hours Min.
anting most of wi	TION (Give kind of work of orking life, even if retired))	KIND OF BUSINESS O	OR INDU:	· ·	State or foreign of			EN OF WHAT COUNTS
13. FATHER'S NAME	Matthew 1	D			14. MOTHER'S MAID		7 7 4 4		
						anta m	rcollini		
[Yes, no. or unknown]	VER IN U. S. ARMED FOR	CES7 16. S	SOCIAL SECURITY NO		nformant 38. lichae	1 00		Trans are	oct Ave.
Conditions, if gove rise to couse (o) stofin lying couse los	mmediate DUE TO	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	corec		VEN IN PART (INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH (e) 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} \text{NO} \\ \text{E} \\ \\ \end{array}
	URY Month, Doy, Yes	20d. IN While of work	UURY OCCURRED Not while	for	ACE OF INJURY (Home, story, street, office bldg, 1957	form, 20f (Cit	y or town)	(Co	unty) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT	that Lattended the	., 19.5		<u> </u>	м.о. <i>С</i> и	ADDRESS (S	the causes of the cause of	and an the	st saw the decease date stated above DATE SIGN
REMOVAL (Specification)	6-1	59	Cathes	ne!	Cem.		Butto		M.f.
23. FUNERAL DIRECTO	Ture ju	0/6	ADDRESS ML - Git	ene		REC'D BY REGIS		STRAR'S SIGN LOUT S. HG	-



and completely filled in by the funeral director, ban papers. Pages 1 and 2 should be with with

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VS A15 (4) 15M 9/58

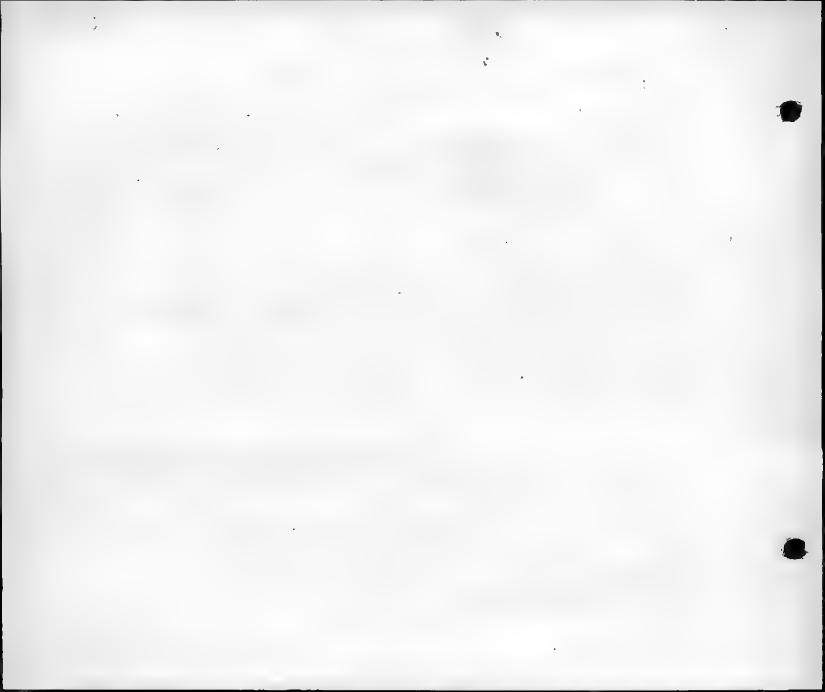
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. The registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6417 CERTIFICATE OF DEATH

06399

L	V 2 4 4	CERTIFICAT	E OI DEAIII		Reg. Dist. No.	
	o COUNTY Salto	MARYLAND 2.	a STATE	e deceased I ved. It institut b. COUNTY		edmission)
	CITY OR TOWN (If outside corporate limits, write RURAY and give nearest laws)	OTH OF STAY IN 16	c CITY OR TOWN (If auts	side corparole imits, write l	(URAL and give neares	town) t
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OF INSTITUTION OF SELECTION (THE COM	n-41.	d. STREET ADDRESS	questo o		S RESIDENCE ON A FARM? ES NO
3	NAME OF DECEASED (Type or print) I have the Educ.	Middle	with	DATE MODE OF DEATH	nth Day	Year 19-5-9
	S SEX 6 COLOR OF RACE 7 MARRIED TX WIDOWED	DIVORCED 8 C	DATE OF BIRTH	4 AGE (In years last birthday) 7 3 yrs		UNDER 24 HRS durs Min
١L	USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life even if retired)	BUSINESS OR INDUSTRY	Y 11 BIRTHPLACE (Stale or	foreign country)	12 CITIZEN OF W	
	13. FATHER'S NAME Lack Son Benner	77	14. MOTHER'S MAIDEN NAI	ME Hook		
4)	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL S. (17 year, give war or dotes of service)	SECURITY NO INFO	SRMANT SEEM	E 656	ornold	
	18 CAUSE OF DEATH [Enter only one couse per ine for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	re deserte		P 11 70	INTERV ONSET + 42	AL BETWEEN AND DEATH
	527, DUE TO CLOTA	ic Swithy	zema -		104	UD-4-
	gave rise to immediate cause (a), stoling the <u>under-lying cause last.</u> (c)	, 0	0			
	PART 1 OTHER SIGNIFICANT COND TIONS CONTRIBU	JTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	ald sease condition gi	´ I	WAS AUTOPSY PERFORMED? ES NO
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED (I	Enter nature of in ary in Pai	rt or Part II of item 18)		
		CCURRED 20e. PLACE factors	OF INJURY (Mome, Farm, y, street, affice bldg , etc.)	20f (City ar tawn)	(Caunty)	(Stoře)
	21. I certify that I attended the deceased from			<u> ข ก ย)</u> 1, fram the causes ar	that I last saw t	
	ACTUAL SIGNATURE O TODORES OF ROLLES			DORESS (Street, city or town,		DATE SIGNED
1	PHYSICIAN'S TREDERIC V. DEITLE	7.	3	alto 27- No	(*	
2	DE BURIAL CREMAT ON 226 DATE THEREOF 220 NA	AME OF CEMETERY OR C	REMATORY 2	2d LOCATION (City, town,	ar county)	(State)
all.						



VS A15 (4) 15M 10/57

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the state of the s	fter this certificate has been signed by the attending physician and campletely filled in by the tuheral dir	d far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled	It cremation, or removal, and in any event within 72 hours after death
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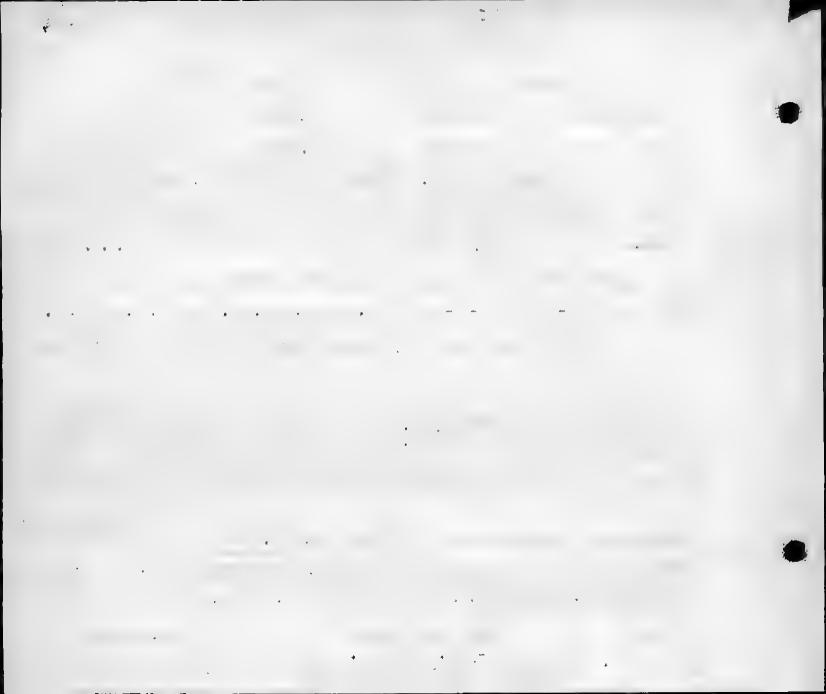
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

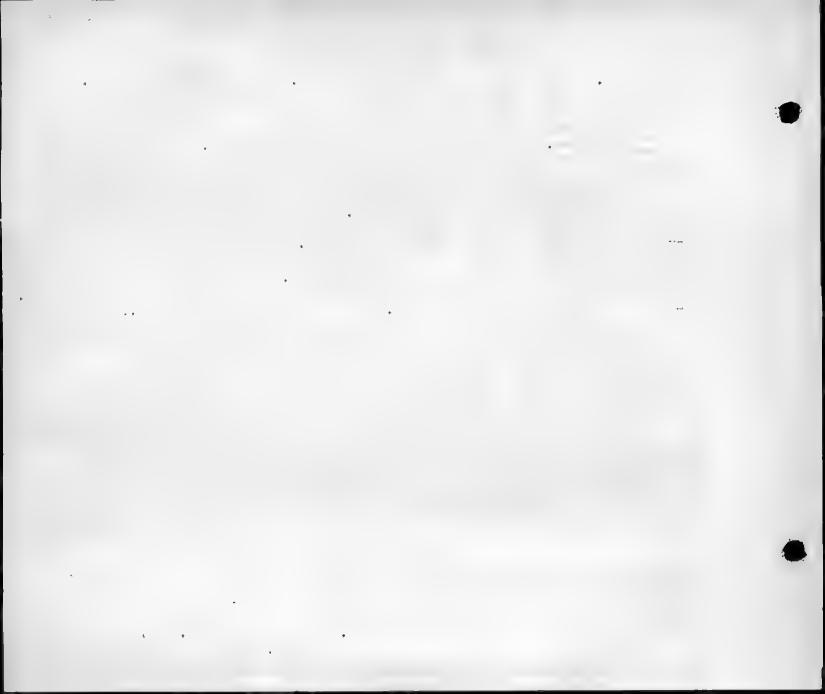
06400

Reg. Dist. No.

6418 **CERTIFICATE OF DEATH**

I. PLACE OF DEATH			2 1	JSUAL RESIDENCE (Where decease	d lived. If instituti	on Residence be	fore odmission)
o. COUNTY	Baltimore	MARY	LAND "	Mary Mary	land	b. COUNTY		
b. CITY OR TOWN (F	outside corporate limits, wri	te c. LENGTH OF STAY	IN 16	E. CITY OR TOWN	If outside corpo	orate limits, write R	URAL and give r	learest town)
Fort How		35 Days		Ralti	Bore	F_ 0	51.12	
d, NAME OF HOSPIT	AL (If not in hospital, give str	reet oddress)		d. STREET ADDRESS			1 1	e. IS RESIDENCE
	dministration			2752 W. N	fosher S	Street		YES NO TO
NAME OF	First	Middle		Lost	4. DATE	Hos	th	Day Yeor
DECEASED (Type or print)	JAMES	A.	RIDE	RY	OF DEATH	JUNE		19 59
5. SEX		ARRIED NEVER MARRIE		TE OF BIRTH		9 AGE fin years	IF UNDER 1 YEA	AR IF UNDER 24 HRS
Male	Golored WID	OWED DIVORCE	0 9	/17/79		lost birthday) 70 yrs	Months Doys	Hours Min
IOG. USUAL OCCUPATIO	N (Give land of work done I	106. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (SN	ole or foreign o	ountry)	12. CITIZEN	OF WHAT COUNTRY
Cleaner	ing the, even it retired)	Dry Cleanir	107	Jackson.	Georg	ia	U.S.	
13. FATHER'S NAME				MOTHER'S MAIDE				7-5-4
He	ney Berry			Marro	Hunter			
5. WAS DECEASED EVE	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	. 17. INFOR		HULLOOF	Add	(6)3	
Yes, no, or unknown)	3/8/01-3/7/0h	225-28-2972	Clin.	Records, V	ate Adv	. Hospita	1 . Ft. Hos	vard Mi
	TH [Enter only one couse pr			ALEXCIOT CLOP 1	D UD LAW	STATE STATE		ITERVAL BETWEEN
	TH WAS CAUSED BY:						ői	NSET AND DEATH
1000	IMMEDIATE CAUSE (o)C	arcino natosi	s, In	RA-ABDOMII	NAL.			INKNOWN
1 / /	DUE TO							
Conditions, if ony, which (b)								
Couse (a), stating t								
lying couse last) [c)				·			
Operation	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TEL	MINALD SEAS	Le tinge	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
O ASCITAR.	metastatic	<u>lver lesions</u>						YES NO XX
200. ACCIDENT WA	S UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED (En	ler nature of injury	in Port I or Por	1 II of item 18.)		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
20c. TIME OF INJUR		d INJURY OCCURRED	20e. PLACE C	F INJURY (Home, fo	orm, 20f (City	y or town)	(Count	y) (State)
Hour g. m.		hile Not while work O st work	Tociory,	sireer, office diag.,	erc.)			
	at Lattended the deci	ensed from Maw	20	., 19. 59 ., ta J	une 2	1 10 50	70005	
A CONTRACTOR OF THE PARTY OF TH	<i>^</i>	management iller	deam occ	ouse or state		TI THE COUSES O treel, city or town,		ale stated above DATE SIGNED
ACTUAL SIGNATURE	Tan HI-1.	a Marth		VAH. F	ORT HOW		T.AND	6/25/50
SIGNATURE	porto Cy	my 17980	M.D	VAIL F	OLT UON	HILL FHILL	TWILL	9/42/27
PHYSICIAN'S NAME (Type) JO	HN W. CRAWFOR	D, M.D.		VAH, F.	r. Howa	RD, MARY	AND	6/25/59
20 BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c NAME OF CEME	TERY OR CRE	MATORY	22d. LOCA	TION (City, lawn, i	× county)	(Stote)
Burial	6/29/59	Baltimore	NatiLor	al		Baltimor	e, Mary	land
3. FUNERAL DIRECTOR'S	112	BOR TAPPRESS MOT	proe St	24a. RI	C'D BY REGIS		TRAR'S SIGNAT	
Arlington S	. Phillips,		aryland		JUN 3 0 "	59 a	alun & Ki	ALLA





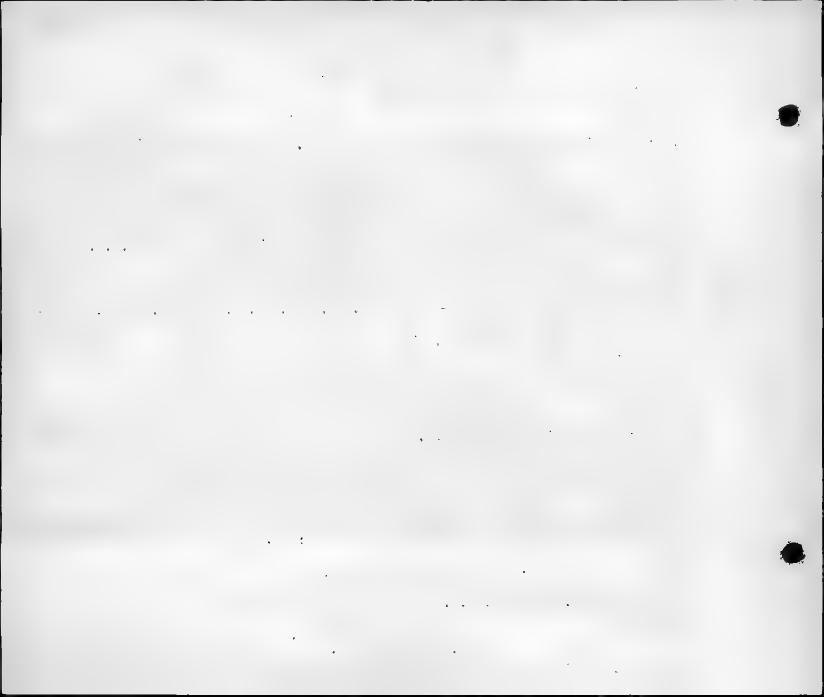
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e nashiloi al allenaing physician.	CTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral of	e detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shavid 🌬 fil	r to burial, cremation, ar remaval, and in any event within 25 thaurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6420 **CERTIFICATE OF DEATH**

8	06402	
Reg. Dist.	No.	

	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY					
	Fort Howard (If outside corporate limits, write 67 Days	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Baltimore					
ž	d NAME OF HOSPITAL (If not in hospital, give street oddress) Veterans Administration Hospital	d STREET ADDRESS 2590 W. Fayette Street (30) e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)					
	3 NAME OF First Middle DECEASED (Type or print) WEBSTER	HLOXOM 4. DATE Month Day Yeor OF DEATH June 23 19 59					
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	November 7,1890 November 1,1890 November 1,1890 November 1,1890 November 1,1890 November 1,1890					
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired) Plasteror 13. FATHER'S NAME	Baltimore, Maryland U.S.A.					
	Henry Bloxom	14 MOTHER'S MAIDEN NAME Sarah Adams					
)	Yes WW I 220-01-1961 C:	Address Lin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PNEUMONIA, RIGHT	LOWER LOBE INTERVAL BETWEEN ONSET AND DEATH 24 Hours					
/	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO ATTENDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO ATTENDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO ATTENDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN						
	GR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)					
	Hour o.m. 19 White Not white of work at work	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State) ctary, street, affice bldg., etc.)					
	21. I certify that attended the deceased from April 1	7 19 59, to June 23 1959 1950 1600 1700 1600 1600					
	Acres Allie Rd	a occurred at 5.10A M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. VAH, FORT HOWARD, MARYLAND 6/23/59					
1	PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH. FORT HOWARD, MARYLAND						
	226. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 6-26-59 Baltimore Na	R CREMATORY 22d. LOCATION (City, town, or county) (Store) Rtional Cem. Baltimore, Maryland					
	23. FUNERAL DIRECTOR'S SIGNATURE 1011 APPRESATING to	ON AVE. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
	Samuel W. Sullivan Baltimore Maryla	RELL DATEUN 2 4 59 Chillian & Harris					



il director, filed with

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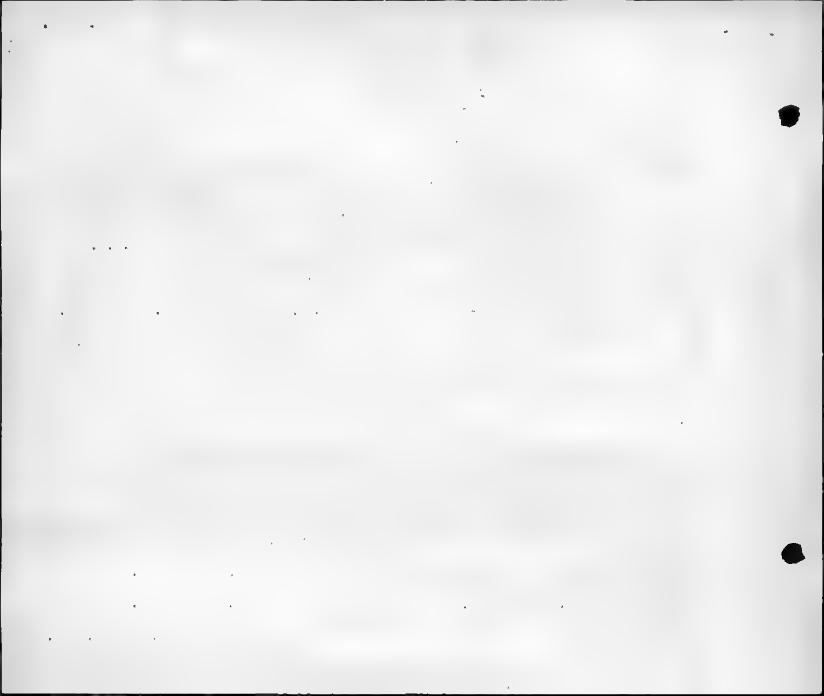
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TO FUNERAL DII

VS A15 (4)

15M 10/57

death certificate



CERTIFICATE OF DEATH 6422

06404

Reg. Dist. No.

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O FUNERAL DIRECTOR: After this certificate less been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

NDING PHYSICIAN: The law require that the death certificate be executed within 24 hours of

may be retained by the haspital or ottending physician TO FUNERAL DIRECTOR: After this certificate lies been signed page 3 should be detached for use as the burial-transit permi VS A15 (4) 15M 9/5B

		Lace of DEATH . COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Baltimore							
(CETY OR TOWN (If autside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A d. STREET ADDRESS e. IS RESIDENCE							
Nag.		OR INSTITUTION 1805 Berrywood Road	1805 Berrywood Road ON A FARM?							
			octiger of DEATH June 3 1959							
	5 5	1 de 6. COLOR OR RACE 7. MARRIED Niever MARRIED DIVORCED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Is UNDER 24							
	10α	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY USA USA							
		Faul Boettger	Katherine Hofman							
	15, Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes. give wor or dates of service)	Lilian Boettger Same							
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH							
		260 X DUE TO Conditions, if ony, which gove rise to immediate (b) attaches cleans to								
		couse (o), stoling the under- lying couse lost. (c) Diabetes, laget's Drace								
p ⁴	CERTIFICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19 WAS AUTOPSY PERFORMED? YES NO							
		206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I ar Part 11 of item 18)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl Hour o. m. 19 While Nat while of work of work	LACE OF INJURY (Home, farm, 201. (City or town) (County) (State octory, street, affice bldg , etc.)							
		21. 1 certify that I attended the deceased fram $3au$, 2 alive an 3 , 2 , and that deat	h accurred at 2 55 PM, fram the causes and an the date stated above							
		ACTUAL SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNE M.D. JOSEPH SKLOVEN; M. 7.							
1		PHYSICIAN'S NAME (Type)	. <u> </u>							
	1	BUR A., CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 6-6-59 Loudin P	or CREMATORY 22d. LOCATION (City, town, ar county) (Stole) ark Baltimore, Md.							
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	_	<u>Leonard J. Ruck 5305 Harford I</u>	Good DATE JUN 5 159 Circhar S. Firsus							



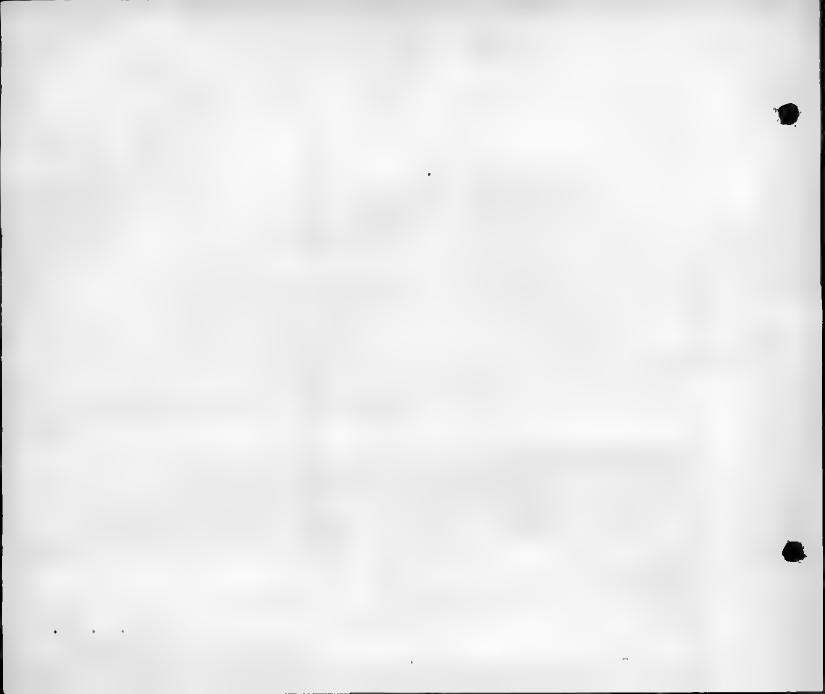
TO HOSPITAL OR

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

Reg. Dist. No.

				
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution and b COUNTY B	Residence before admission)
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) REISTER STOWN	to c. LENGTH OF STAY IN 16	c. City or Town (If a	iutside corporate limits, write RUI *Stown	RAL and give nearest fawn)
d. NAME OF HOSPITAL (If not in hospital, give structure of institution Dover Rd.	cel address)	d. STREET ADDRESS Dover F	Rd.	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DRCEASED (Type or print) MATILDA	Middle M •	BREWER	4. DATE Month OF DEATHJUNE 1,1	.959 Day Year
	1	une 10,1874	There is back in the Park	F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done I during most of working life, even if refired) HOUSEWIIE	06. KIND OF BUSINESS OR INDU	England		England
Richard Watson	*	14. MOTHER'S MAIDEN N	Field	
15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yos. no. or unknown) (If yes, give wor or dates of service)		nformant onald W. Bre	Addresewer-Dover Rd	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	hugger C	ensir.	ris .	Mars Mars
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1
	DESCRIBE HOW HIJURY OCCURRE	D. (Enter nature at injury in t	an for Port II at Item 19-)	
Haur a.m. W	d. INJURY OCCURRED 286. PLA hite Nat white for work of work	ACE OF INJURY (Home, form clary, street, affice bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that tottended the dece alive on 5 - 6 5 71 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) A MRC S	2 and that death Saffell Saffell	M.D. Res	M, from the chuses an ADDRESS (Sylve), city or town is seen to the Steven of the Steve	un md 6-1-5
220. BURIAL CREMATION, 226 DATE THEREOF BUTTAL Specify 6/4/59	Sater's Bap		22d LOCATION (City, town, or Falls Rd. Ba	
23 FUNERAL DIRECTOR'S SIGNATURE WM COOK-TOWSON Inc.	ADDRESS TOWSON Md.			RAR'S SIGNATURE



VS A15 (4) 15M 10/57

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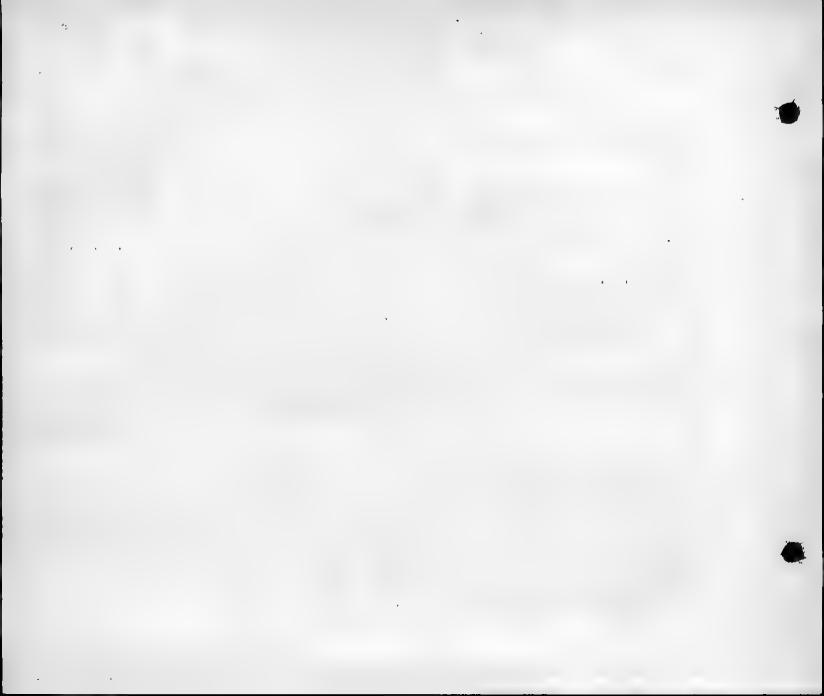
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06406

6424 CERTIFICATE OF DEATH

		11	O	4	U	1
Reg.	Dist.	No				

1.	PLACE OF DEATH a. COUNTY B	altimore		MARYL	UND	2. USUAL RESIDENCE (Who state Maryla		d lived, if instituti b. COUNTY			George s
	EURAL and give ne	outside corporale limi orest town) TTO	is, write	c. LENGTH OF STAY IN 25yrlimth2l		c. city or town (if a Laurel,	*		URAL and gi	ve neore	est town) -
	OR INSTITUTION SPRING GR	AL (If not in Hospital, § .CVE STATE		oddress) 3PT TAL		d. STREET ADDRESS				e	IS RESIDENCE ON A FAPM? YES NO X
3.	NAME OF DECEASED (Type or print)	Fit M	ay ay	Middle Hatch	1	los Brown	4. DATE Of DEATH	Q Man		Day / 3	Yeor 19 🗸 💆
5.	sex fema Le	6 COLOR OR RACE White	10 10-01-51-	NEVER MARRIED		May 16, 188	5	9 AGE (In years last birthdoy) 74 yrs	IF UNDER 1	YEAR I	F UNDER 24 HRS Hours Min
	USUAL OCCUPATION during most of work Clurk FATHER'S NAME	N (Give kind of working life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Stote of Minnesof	ta	ountry)		S.	WHAT COUNTRY
	3 3	Hatch	CEC2 114	SOCIAL SECURITY NO	177 66	Melvina	-	Add			
{(4)	nknown [If yes, give wor or dotes of s	U)	ne for (o), (b), and (c)		cords: S.RII	NG GF	ROVE STA)JM	TAL BETWEEN
	Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	y, which (b) (b) (b) DUE TO	Con		rt	failu r e cardio-vascul					days
CERTIFICATION		S UNDERLYING []				NOT RELATED TO THE TERMII			EN IN PART		PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. If While at wor	Not while	Oe. PLA foc	CE OF INJURY (Home, form, ory, street, office bldg , etc.	20f (City	ar tawn)	(Co	ouniy)	(Stole)
1	olive on June	James Dona	12.5 /// /// ld Dr	inkard, M.D. 20 NAME OF CEMENT ADDRESS	leoth	Catonsyi CREMAJORY 240 RECE	M, from ADDRESS (Str. ROVE) 11e 28 27d toca)	STATE H STATE H No ryla IION (City town, or RAR 246 RGG)	ind on the stote) IOS-ITA Dor county) STRAR'S SIGN	AL,	e stoted above DATE SIGNE
ī	Devision	-30 mano	die	1213 706	2	DATE	JUN 1 6	'59 /	I allen &	, the	MA



TO HOSPITAL OR THE DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after 13th Pager 4	
may be retained the hospital ar attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the Puneral directory.	
page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	
the registrar prior to burial, cremation, or remayal, and in ony event within 72 hours prior death.	

VS A15 (4) 15M 10/57

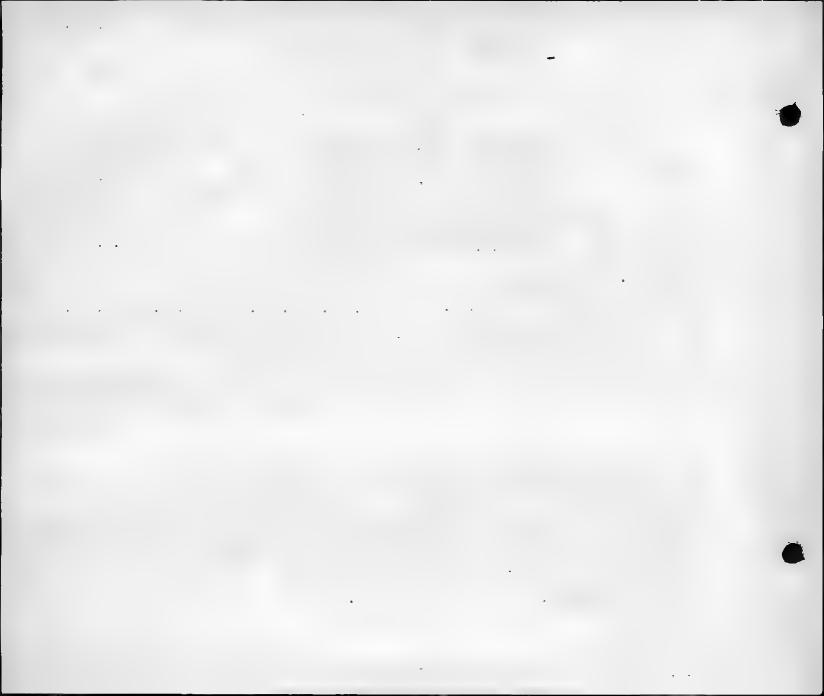
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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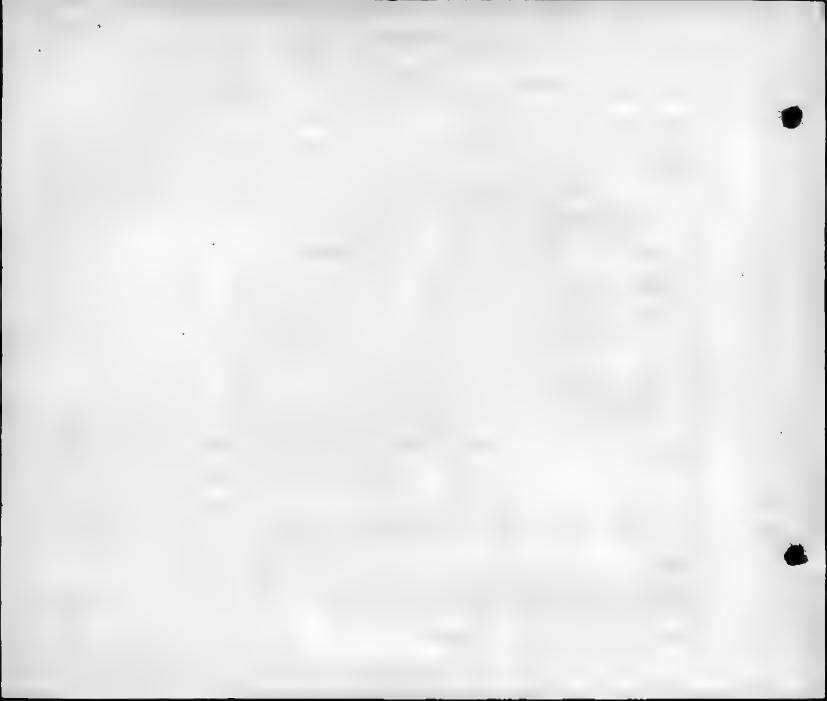
6425 CERTIFICATE OF DEATH

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	04%	5 CERTIFIC	ALE OF DEATE		Reg. Dist. No.				
1. PLACE OF DEATH COUNTY Balti		MARYLAND	2 USUAL RESIDENCE (Wh. NATE Maryland	ere deceased lived If instituti b. COUNTY	on Residence before admission) Harford				
RURAL and give		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF or	ulside corporate limits, write l	URAL and give nearest form)				
	Howard	35 Days	Edgewood		c A :				
OR INSTITUTION	PITAL (If not in hospital, give street ans Administrati		Box 323		e. IS RESIDENCE ON A FARM?				
					YES NO 💽				
3. NAME OF DECEASED (Type or print)	DANIEL	Middle M.	BURKE	OF DEATH JUNG	Day Year 2 1959				
5. SEX	6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
Male	White woow		August 5, 189	9. AGE (In years lost birthdoy) 63 yrs	Months Days Hours Min				
during most of wo		VIL Service S. Government	USTRY II BIRTHPLACE (Stole Myra, Kent	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
Warehous 13. FATHER'S NAME	emant to-	D. GOAST.IMSTIC	14. MOTHER'S MAIDEN N						
James H.	Bunko		Virtreecy						
		coatta coattanti sua 127							
[Yes. no. or unknown)	a ill yes, gave war or dates of service)		INFORMANT	Add					
Yes			lin.Rec.,Vet.A	om. nospicar,	L. HOWARD, MG.				
	EATH [Enter only one couse per li	•			INTERVAL BETWEEN ONSET AND DEATH				
PART I DI	EATH WAS CAUSED BY: CA	RCINOMA, CECU	M, WITH GENERA	LIZED VISCERA	UNKNOWN				
153.0	adental M	ETASTASES							
Conditions, if	Conditions, if ony, which)								
gove rise to	immediate (DUS TO								
Couse (a), statin lying couse last	g rne under-								
PART II. O	THER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
	VAS UNDERLYING 206. DESI IG CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED (Enter noture of injury in P	ort I or Port II of item 18.j					
ZOC. TIME OF INJU	While	NJURY OCCURRED 20e. I Not while k ot wark	PLACE OF INJURY (Home, form, actory, street, affice bldg., etc.	20f. (City or town)	(County) (Stole)				
21 F and (5.1)	the standard the decay	od from America 198	10EO 4- Torr	2 2050					
MAKKANCO		COODO BNA INAI deal			and on the date stated above				
ACTUAL SIGNATURE	Romes R	- Mari	MO VAH FORT	ADDRESS (Street, city or town, HEWARD, MARYL	0 1- 1-				
PHYSICIAN'S NAME (Type)	DONALD D. MARK		M.D.						
220. BURIAL, CREMATI		22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, fown,	or county) (State)				
Burial Specif	"6-5-59	Cokesbury C	emeterv	Agingdon, May	vland.				
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a REC'E	BY REGISTRAR 246. REGI	STRAR'S SIGNATURE				
- Com	as Europal Nome	Abingdon Mar	orland Jl	IN 8 '59 C	Thung S. Kraus				



requires that the



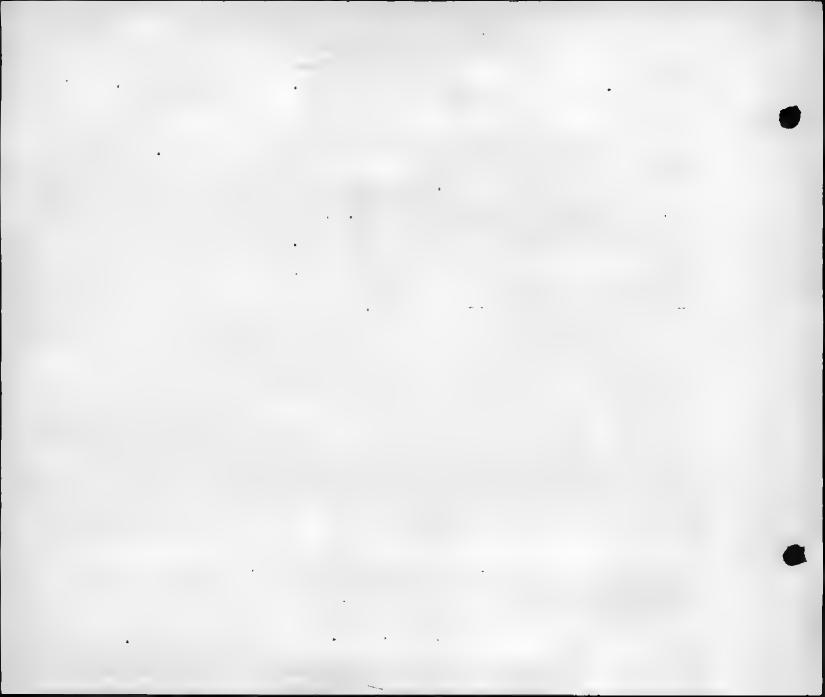
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

death



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06410 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) e. COUNTY p. STATE **b. COUNTY** MARYLAND Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give negrest town) Baltimore Catonsville d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T 1/130 Marble Hall Shady Nook Nursing Home NAME OF Forst 4. DATE Middle DECEASED OF DEATH (Type or print) 19 59 RUTH CATLING June 13 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED 12 DIVORCED | 90 White popers. Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired)
Housewife at home Md. piio 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward Shaw Mary Barnum maye. TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT I fif yes, give war or dates of services Mr. Edward Catling - 122h Loch Raven 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour o. m. Not while at work of work 21. I certify that I attended the deceased from 18-18- 1950, to 6-13- 1957, that I last saw the deceased ____, and that death occurred at Marie M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stole) REMOVAL (Specify) Burial Druid Ridge Cem. Pikesville Md 23. EUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUN 1 5 '59 VS A15 (4) 1SM 10/S7



MARYLAND

c. LENGTH OF STAY IN 16

Reg. Dist. No.

6. COUNTY Baltimore

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Maryland

John State of the		A	7
Poge A	total.	M	1
eoth.	functof		

1. PLACE OF DEATH

Baltimore

b CITY OR TOWN (If outside corporate lim ts, write RURAL and give nearest town)

a. COUNTY

ond 2 the otherding physicion and campletely filled. Then please remave carbon papers. Pages 1 went within 72 haurs ofter death. may be retained the haspital or altending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit, the registrar priar to burial, cremation, ar removal, and in any expension.

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O HOSPITAL OR VS A15 (4) 15M 9/55

	Baltin	more 12.		15 yrs		X Baltim	ore 12	,			
A MAME OF MOSPITAL HE was in hamilal in its street address.				Account 1		d STREET ADDRES					RES DENCE
	OR INSTITUTION 6408 Blenheim Rd. 3. NAME OF Frst Middle					/6408 B1	enhe1m	Rd.			S D NO
3.	NAME OF DECEASED	First		Lost	4. DATE OF	M	anth	Day	Yeor		
	(Type or print)	Donald	son	Clev	elar	nd	DEATH	6-1	6-59		19
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8	. DATE OF BIRTH		9. AGE (In year	S IF UNDER		
	male	white	WIDOWED	DIVORCE		3-4-58	1900	10st birthday) 59 yr	Months	Doys Ho	urs Min
10c	during most of work	N (Give kind of work di	one 10b. KIN	ND OF BUSINESS C	R INDUS	TRY 11 BIRTHPLACE (State or foreign	country)	12. CIT	IZEN OF W	
1	nvestmen	t broker	ir	vestwen	t	Maryl	and			U.S	.A.
13	FATHER'S NAME					14. MOTHER'S MAID	DEN NAME			•	
ĺ.,	John S	. Clevela	nd			Edna W	agner				
15 (Y•	WAS DECEASED EVER	NU S ARMED FORCE	ES? 16 SO	CIAL SECURITY NO	17 IN				ldress		
L	no	R IN U.S. ARMED FORC If yes, give wor or dates of ser	212-	-03-0923	Ma	rs. Elean	or Cle	veland	8	above	
	18. CAUSE OF DEA	TH [Enter only one cou	se per line f	or (o), (b) and (c)]					INTERVA	L BETWEEN
		TH WAS CAUSED BY IMMEDIATE CAUSE (o)		Cur Jinan	J. 58	All Totales	Latence .	/ (Dr rel	-	ONSELA	ND DEATH
	162.1	DUE TO		acmia)	3+la	metastasis	-			lst	visi'
	Conditions, if on			Seurch's	WILDH	Letas apr	5 ∎			0/3	120
	gave rise to in cause (a), stating t	nmediate (
	lying cause last.	(c).									
ĕ	PART II. OTH	ER SIGNIFICANT COND	ITIONS CON	TR BUTING TO DE	ATH BUT I	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION G	IVEN IN PAR		AS AUTOPS
13		7	7								NO [
CERTIFICATION	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING	06 DESCRI	BE HOW NURY O		(Enter nature of injur	y in Port I or Po	ort II of item 18.)			
	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de	f Month, Doy, Year	26a INDI			CE OF INJURY (Home,	form 20F ICE	ly or lown)		County)	(Sto)
MEDICAL	Hour a.m.	10		Not while	foci	ory, street, office bldg.	., etc.)	, 61 10411,	(Country	faioi
2	p m.			0 /0 /-	7		//=!	722			
		at I attended the									
	alive an	7-7-22-7-	-, 19	hat رمير, and	death	accurred at					
	ACTUAL >	Her V	///	5///1	/ /	1 20 5	ADDRESS (Street, city or town	n. stote)	2	DATE SIG
	SIGNATURE	\ \ \ / / \ \	1-10	4 6	1-N	1205					9 8 4
	PHYSICIAN'S NAME (Type)	14-	1/	1121	11		1/1	7/59			
220	BURIAL, CREMATION	N, 766. DATE THEREOF	1 42	2c NAME OF CEM	ETERY OR	CREMITORY	22d LOC/	ATION (C by lown	or county)	((State)
	BUYYST'	6-18-59		st. Jame	s E	piscopal	Mo	nkton,	Md.		
	FUNERAL DIRECTOR'S			ADDRESS TO	OWSO	n 4. Mobre.		TRAR 245 REC	SISTRAR'S SIG	GNATURE	
B	rooks Fu	neral Ser	vice,	,622 You	k R	_ * 1	JUN 2 2		ر مدائما	9 4	
										-	



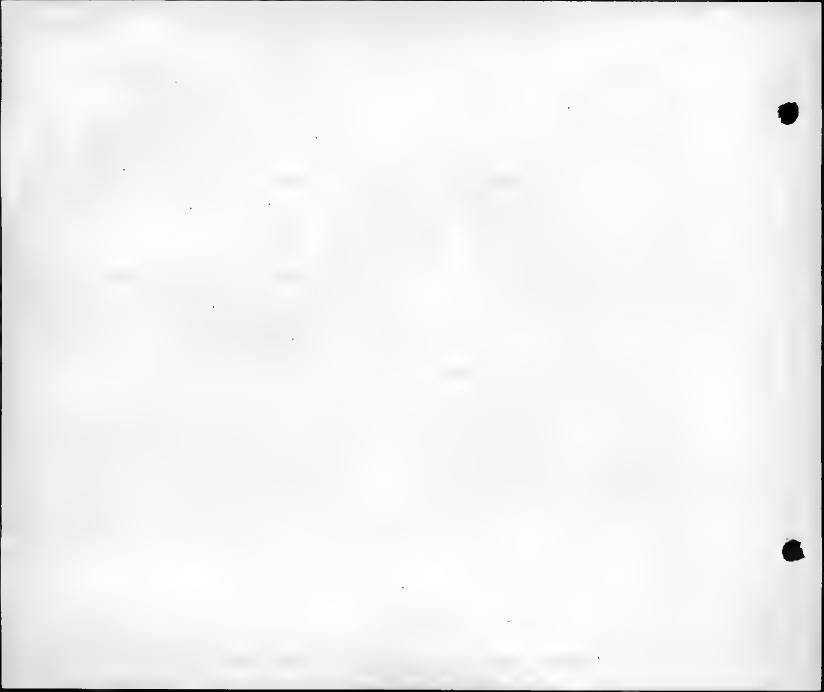
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6429 CERTIFICATE OF DEATH

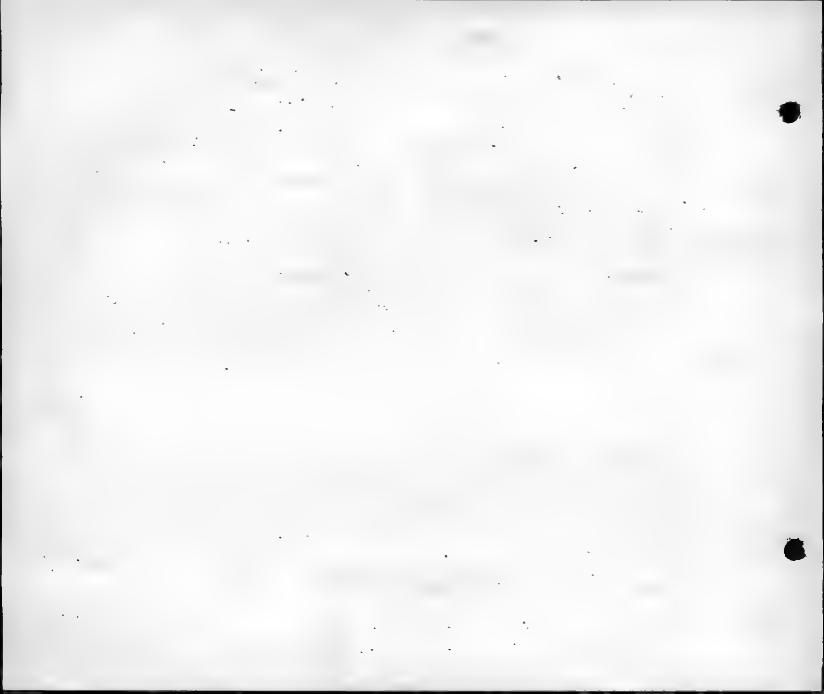
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Reg. Dist. No.

		COUNTY 3/4 Cto	MARYLAND	2. USUAL RESIDENCE (WI		If institution Resident	ce before odmission)		
(b CITOR TOWN (fours de corporate limits write l'URAL and give nearest town)	c, LENGTH OF STAY IN 16	a CHY OR TOWN (1)	outside corporate lim	nits, write RURAL and g	ve negrest town)		
<		d NAME OF HOSPITAL (If pot in haspita, give street of institution) A D S - NA Clevid	e Ane	d STREET ADDRESS	1 males	rde Ar	e IS RESIDENCE ON A FARM? YES NO		
		NAME OF DECEASED (Type or pr.ni) (It for here)	Middle A	C/12140	4. DATE OF DEATH	Manth (1/2	Day Year		
	5 3	SEX 6 COLOR OR RACE 7- MARR	TED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	7 AGE	4 3 44 4 4	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
)	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	1 of 1 t	· -	or fore gn country)	12 CIT ;	ZEN OF WHAT COUNTRY?		
/	13.	FATHER'S NAME	2	14. MOTHER'S MAIDEN N	NAME	13, -1/e	3		
	15-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 s no, or unbindium) [If year give war or dates of service,	SOCIAL SECURITY NO	pormant orrard (Poch	Addreys			
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH AMBERIATE CAUSE (c) DUE TO A C A C A C A C A C A C A C A C A C A							
		Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. (b) DUE TO (c)	FSND U	·					
0	CATION	PART II OTHER SIGNIF CANT CONDIT ONS C	D TION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO					
	L CERTIFI	200 ACC DENT WAS UNDERLYING TO DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of in vry in	Part I or Part II of it	tem 18.)			
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. In Hour a.m. While p. m. 19 at worl	NJURY OCCURRED 20e PL Nat while at wark	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	, 20f. (City or taw	/n) (C	Caunty) (State)		
		21. I certify that I attended the decease alive an	9	, 19.59 , ta		auses and an the			
,		ACTUAL Chef will		M.D. 8647	ADDRESS (Street, cit	ity or lawn, stole)	6/13/5 9		
-/	=0	PHYSICIAN'S MAX J M	iller M.D.						
	7	REMOVAL (Specify) 226 DATE THEREOF	25 a Cto.	7) a turnal	122d. LOCATION (C	City, town or county	(Stole)		
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	N 1 6 '59	Oxilar &			



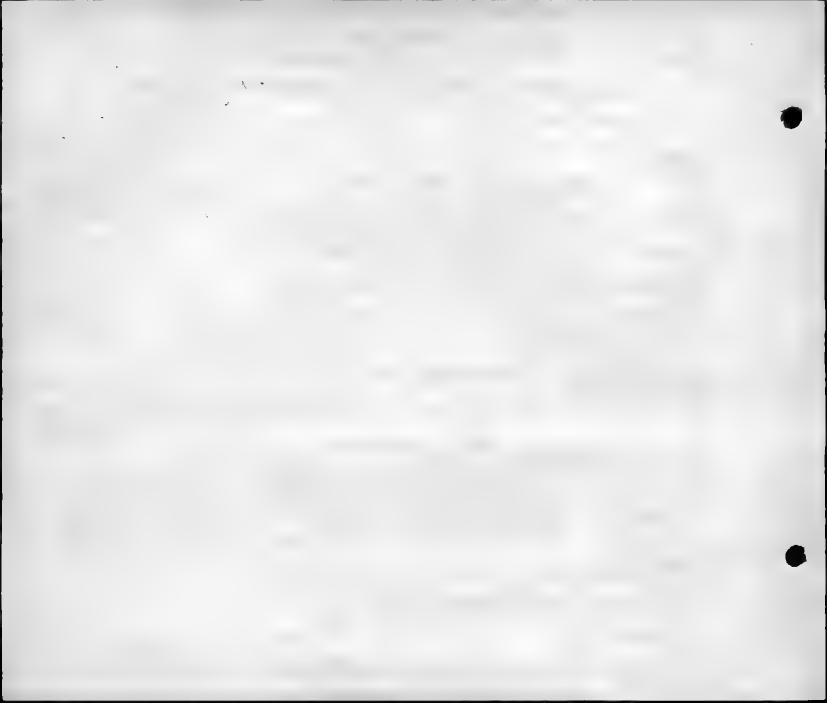
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06415

		6392	CERTIFIC	CATE OF DEA	TH	Reg. Dist	. No.	
	PLACE OF DEATH	TIMBRE	MARYLAN	II o STATE		. If institution, Residence b. COUNTY	before admission)	
	RURAL and give neon	Malk	c. LENGTH OF STAY IN 1	SPARRE	(If butside carporare lin	nits, write RUNAL and gi		
	OR INSTITUTION	(If not in hospital, give street	address) /	REDIC	Box3	75	on a farm yes No	\$ □
	NAME OF DECEASED (Type or print)	Lewis	CORDIN	Cole,s	A. DATE OF DEATH	HAVE Month	Day Year	
	Male !	CO WIDOWI		Dec 25	1888	birthday) Months I	YEAR IF UNDER 24 H	n.
	during most of working	(Give kind of work dane 10b g life even if retired)	KIND OF BUSINESS OR IN Teel Plant	£55e	State ar foreign country)	12 CITI	1. Si	ITRY?
13	Add 5	on Cole	3	Luce	4 CORI	bIN		
15 (Ye	ns, no organ/mown) (ff	yes, give wor or dotes of service(13-26-5711	ROBERT L.C	ole, sr. 8	Address O/3 NERRI	SLANE	
	PART I. DEATH	I (Enter only one couse per lu t WAS CAUSED BY: MMEDIATE CAUSE (a)	py for (a). (b). and (c).)				INTERVAL BETWEEN ONSET AND DEAT	3
	Canditions, if any	, which) (b)	rephriti	S			148	
7	cause (o), stating the lying cause last.	under- DUE TO (c)	ATERIO.	sclerosi	S. Gener	19/17ed	1045	
CERTIFICATION	PART III. OTHER	R SIGNIFICANT CONDITIONS					1(a) 19 WAS AUTOP PERFORMEDT YES NO	7
		CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCU			·		
MEDICAL	20c, TIME OF INJURY How o m. P m.	Month, Day, Year 20d II 19 Of war	Nat while	PLACE OF INJURY (Home, factory, street, office bldg.	tarm, 201 (City or to	~n) (Co	ronty) (St	ale}
	21. I certify that alive an SUAL	NE 10, 19J	ed from Sep T	1 1956, to oth accurred at 2.		causes and an the	ost saw the dece e date stated ab	
	ACTUAL SIGNATURE	Pliam C. S	Hade	_MO. 1400	ADDRESS (Street, of	ity or town, stated in DCN dc 1/1	Ind. 6-10	SNED S9
	PHYSICIAN'S NAME (Type)	Illiam Cix	Vade, M.D.					
72	a. BURIAL, CREMATION,	6-14-59	22c. NAME OF CEMETER	LOR CREMATORY	1. Bul	City, town, ar county)	_ Mid"	
23	Elitis 0.	Wilson 11	100 Bian	they on DATE	REC'D BY REGISTRAR JUN 1 1 '59	246 REGISTRAR'S SIGN		

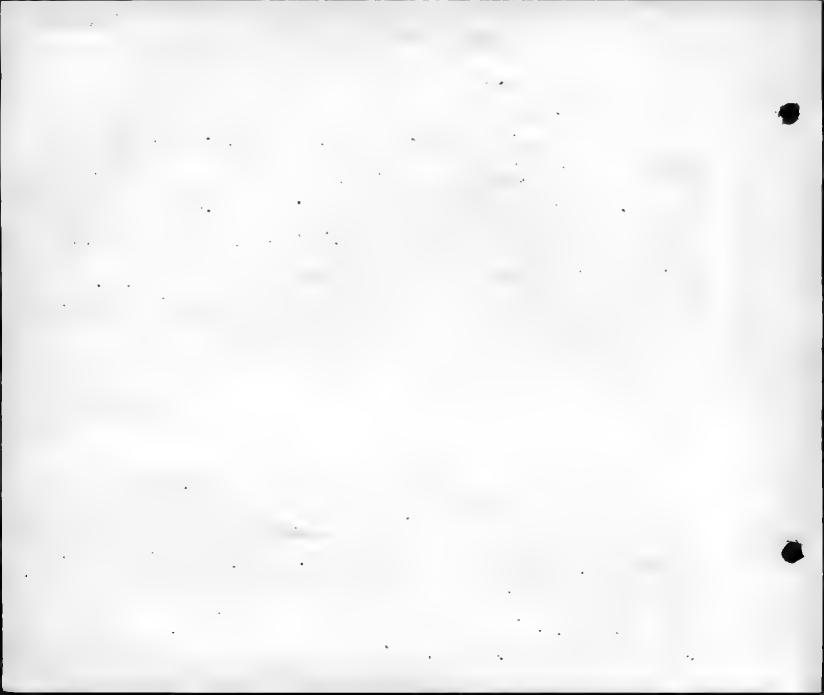


	6431 CERTIFIC	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY
	b. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c SAY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF MOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS J. 346 Molson (UP) e IS RESIDENCE ON A FARM? YES \(\text{NO M} \)
	3. NAME OF DECEASED (Type or print) Refa Middle	Cole 1959 4. DATE Month Day Year DEATH D- 30- 1959
1	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Temale White widowed DIVORCED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HR
	100 USLAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if selired)	USTRY 11. BIRTHPLACE (Stole or foreign country) Washington D6 12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Herbest	Letty
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give werr or define of service)	www Cole 5023 lembridge We
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) (c), (b), ond (c), [DUE TO	2 utres INTERVAL BETWEEN ONSET AND DEATH 2 years
	gove risa to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
,	Note	JT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
		PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 7-6 8 alive an June 30, 1959, and that deat ACTUAL SIGNATURE Review Levin	th occurred at HHM, from the causes and on the date stated above. ADDRESS istreet, city or lawn, state DATE SIGNED M.D. 4818 Resters tun 130/4
4	PHYSICIAN'S MANUEL LEVIN M	BALTIMORE, MO.
	220 SURIAL, CREMATION 22b. DATE THEREOF 22 STAME OF CEMETERY THE CONTROL OF CEMETER	OR CREMITION (City, town, or county) Mixed
	23/JUNERAL DIRECTOR'S SIGNATURE ZIOO EUTOW /	PLACE JUL 1 '59 CALLAR & KANA

ath. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysicial all campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR VS A15 (4) 15M 9/58





Page 4 director,

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signed

burial-transit

should be detach

DIRECTOR:

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TO HOSPITAL OR VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6433

CERTIFICATE OF DEATH

Reg. Dist. No

06419

,								
,	1 PLACE OF DEATH O. COUNTY BOLTINORE MARYLAND	2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. STATE b. COUNTY						
	b CITY OR TOWN (If autside corporate limits, write C LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	CATENSUILLE 80 4RS	BALTIMORE ". 1-1						
0	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION, FOREST HAVEN NURSING HOME	2880 WedBROCK AUE OIS RESIDENCE ON A FARM? YES NO W						
	3 NAME OF DECEASED (Type or print) First Middle	Dac 15 4. DATE Month Day Year OF DEATH JUNE 12 1959						
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the state of the state						
	100. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT USE OF							
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
) :	Louis	MINNIE.						
,	(Yas, no or woknown) : fill yas, give wor or dates of service)	IFORMANT Address						
	Ma	RUIN Davis 2550 Luced Brook ACC						
	DUE TO Conditions, if any, which gove rise to immediate cause (a), storing the under- lying cause last Part II OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTOPSY PERFORMED? PERFORMED?							
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	County C							
	21. I certify that I attended the deceased from alive on, 19, and that death	occurred atM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED						
1	PHYSICIAN'S NAME (Type) C G N C S G D W C D G D G D G D G D G D G D G D G D G D							
	220 BURIA. CREMATION 226 DATE THEREOF 225 NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State) 16 Pd Ship 30LTC. HD						
	23 FUNERAL DIRECTOR'S SIGNATURE 2100 EURON PLONE	DATE JUN 2 4 '59 CALLIN S. KAMA.						



Rea, Dist. No. 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
Veterans Administration Hospital e IS RESIDENCE ON A FARM? 5439 Channing Road YES NO Yeor DECEASED EDWIN L. DAY (Type or print) DEATH 159 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years lost_birthdoy) Months Male White October 19, 1912 WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman Electrical Baltimore. Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Dav Marie MN: Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes Tes Address Clinical Records. Vet. Adm. Hospital. Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY APICAL MYOCARDIAL INFARCT IMMEDIATE CAUSE (o) DUE TO SEVERE CORONARY ARTERIOSCLEROSIS WITH UNKNOWN Conditions, if ony, which gave rise to immediate OCCLUSION, LEFT ANTERIOR DESCENDING BRANCH DALIACION couse (o), stoting the underlying cause lost CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Dov. Year 20f (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour a. m. Not while ot work at work 21. I certify that X attended the deceased from May 77 ADDRESS (Street, city or town, state) DATE SIGNED

SCHIER. M.D. Director. Professional Services VAH. Fort Howard, Md. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify)

Burial Woodlawn Cemtery Baltimore, 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Aves DATE JUN 1 5 '59 Edward S. McNabh Funeral Home Frederick & Wade Orthur & House

VAH. FORT HOWARD, MARYLAND

/State1

Baltimore, Md

VS A15 (4) 15M 10/57

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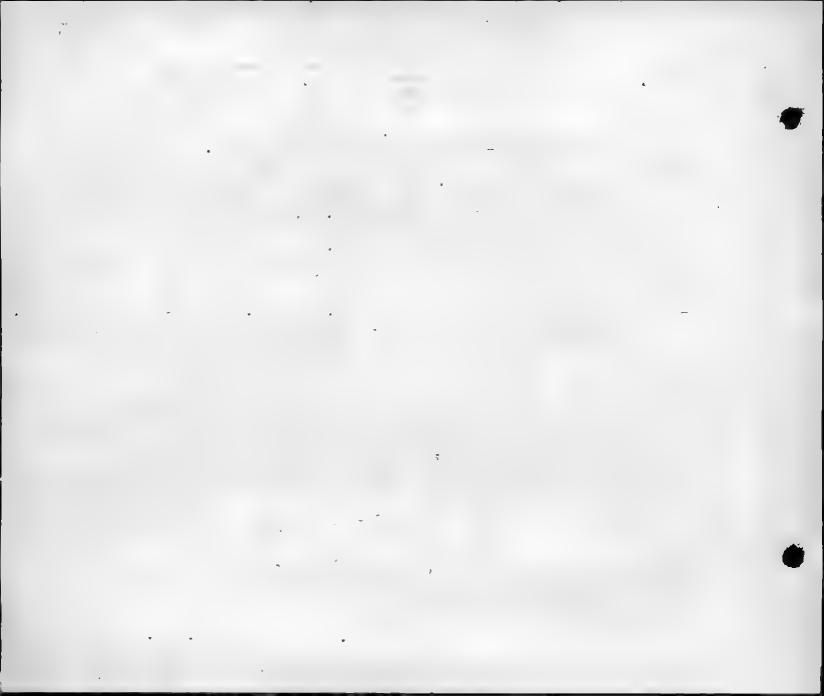
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VS A15 (4) 15M 9/58

	MARYLAND STA				ORE, 18	06421
	0300	CERTIFICA	ATE OF DEATH	1	Reg	Dist. No.
اً	. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Md.		if institution Res	idence before admission)
1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give near RURAL and give nea					
	d. NAME OF HOSPITAL (If not in haspital give street address OR INSTITUTION BOX 344 Phile	0 /	d. STREET ADDRESS Box 344	Uld 1	hila. Rd.	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Bessie M. 4	DeBaugh	Last	4. DATE OF DEATH	Tune	16 1959
	Female 6. COLOR OR RACE 7. MARRIED 15	DIVORCED	May 31,189	y lost	(n years IF UN birthday) Mont	DER 1 YEAR IF UNDER 24 HR
	On USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired) Housewaye	OF BUSINESS OR INDU	STRY, 11. BIRTHPLACE (Stote	or foreign country)	12	USA
4	3. FATHER'S NAME Hecker		14. MOTHER'S MXIDEN N	NAME	linbon	
İ	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no or unknown] If yes give wor or oddes of service)	L SECURITY NO	Joseph C.	DeBaugh	Address Same	
	18 CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	o), (b) and (c).19	Elear	l-Fa	elura	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE TO Gert	beral a	arterios	cleros	15'	15-1/r.
	gove rise to immediate cause (a), stating the <u>under-lying couse last.</u> (c)	^				
2	PART HOTHERS GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	TION GIVEN IN	PART I(a, 19 WAS AUTOPS' PERFORMED? YES NO
	20a. ACCIDENT WAS JNDERLYING 70b. DESCRIBE HOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INTURY OCCURRE	D. (Enter noture of injuly in	Port I ar Past II of i	tem 16)	, M-
		OCCURRED 20e. PL lot white for	ACE OF INJURY (Hame form clary street office bldg etc	20f (City or tox	(0)	(County) (Stal
	21. I certify that sattended the deceased from	7 11	195 8, to Co	of fle		I last saw the decease
	ACTUAL Softered Follow	elson		ADDRESS (Street, ci		DATE SIGNE
	PHYSICIANIS CLIFFOI	P.D.F.	HUDS	SON	Fo	PK.MI
	REMOVAL (Specify)	NAME OF CEMETERY O	Park	22d. LOCATION (C	ity, town, or caus	Md. (State)
	3 FUNERAL DIRECTOR'S SIGNATURE	aport Rd.	** - 1	D BY REGISTRAR N 1 8 '59	24b. REGISTRAR	SSIGNATURE



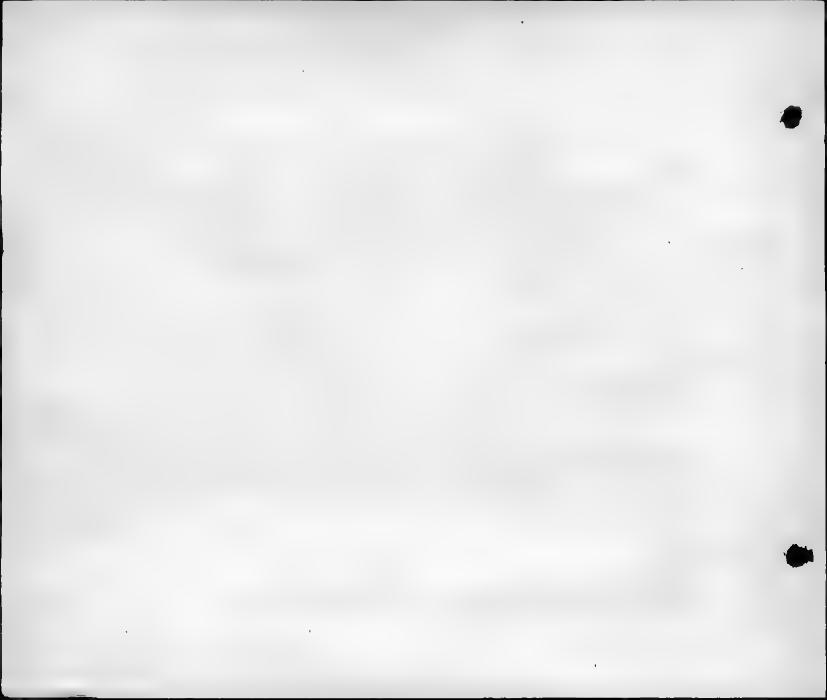


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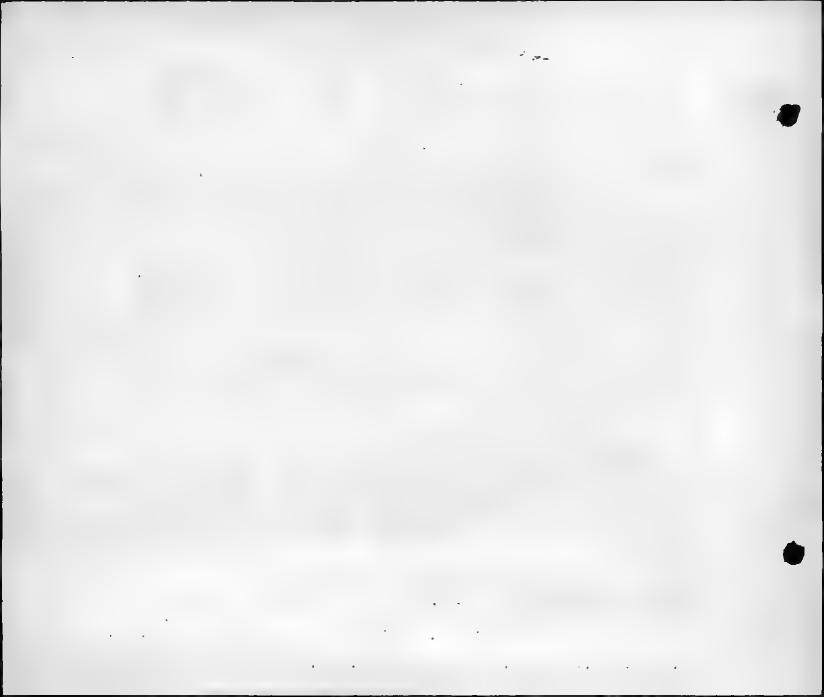
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10 14 17 CO D	may be retained	TO FUNERAL DIR	page 3 should b	the registrar price
V 13	S /	415	55)

1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) a STATE / Isa. b. COUNTY Battinone
b. CITY OR TOWN (If auside corporale limits, write RURAL and give marrest lown) Lundaur.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 53 Dundalk
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1874 Kinskip Road	ostreet Address 1019 Kinship Rd. ostreet Address ostree
3. NAME OF DECEASED (Type or print) Frederick Carl	Dietz DEATH June 26th 19 59
5. SEX MUCE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH Yuly 4, 1808 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS July 4, 1808 Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if religed) Ret. Hantenance Han	11. BIRTHPLACE (Store or foreign country) Baltimore, Md. 12 CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Frederick Carl Dietz	14 MOTHER'S MAIDEN NAME (atherine
(Yes no or unbound) . No use must as data of consess.	Mrs Ethel M. Killens Same
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	interval Between ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stoling the underly lying cause last.	lero he Heart Digeon Jump 195
Pair II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \(\bigcap \)
	D. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to 19 at work p. m. 19 at work 19 at work 19	ACE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State) ctory, street, office bldg., etc.)
21. I certify that attended the deceased from alive on 19 19 and that death	n occurred at
PHYSICIAN'S NAME (Type) USW2/J BOYY/OS 1	41) Sel((1) 27
220. BURIAL CREMATION, 276. DATE THEREOF PREMIUM (Specify) 6-30-59 New Catheol	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Hargord Rose	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24d. #14 DATE JUN 2 9 '59







The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06425

Reg. Dist. No.

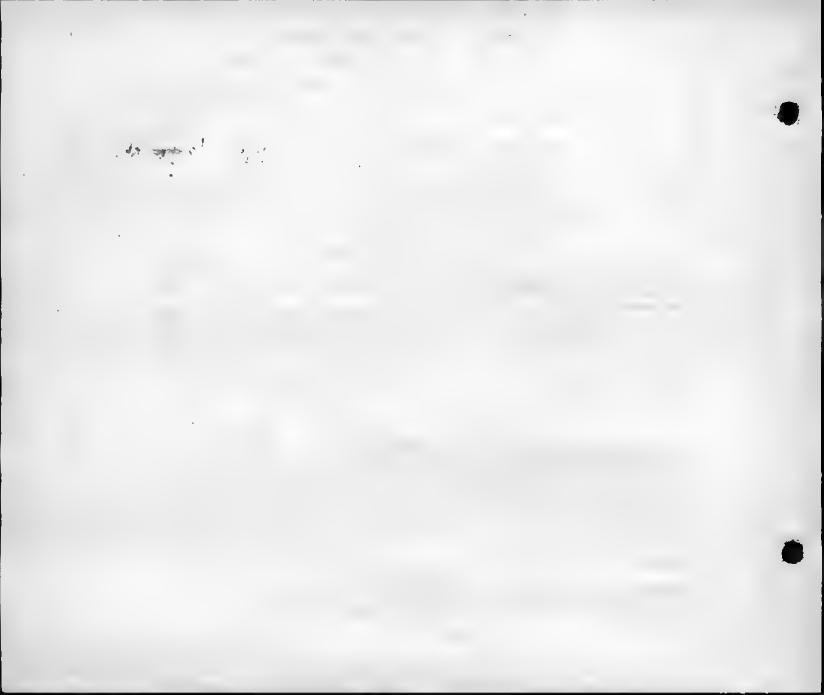
6439 CERTIFICATE OF DEATH

1. PLACE OF DEATH		La light season			***************************************				
		2. USUAL RESIDENCE (HOME) OF DECRASED							
COUNTY Baltimore CITY (If outside carporate lymits, write RURAL	MARYLAND LENGTH OF STAY	STATE Maryland county Baltimore CITY (If outside corporate limits, write RURAL and give nearest town)							
OR and give nearest town)	(in this place)	OR		ve naerasi town)					
Reisterstown	68 yrs	· TOWN Reiste							
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Road		STREET	(If rurel give loc	elion)					
		Old H	lanover Road						
DECEASED	Aiddle)	(Lest)	4. DATE (Month)	(Day)	(Year)				
(Type or Print) Julia	Ellen D	uncan	DEATH June	e 21	19 59				
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL TO RACE TAT WIDOWED, DIVO	DRCED 8. DATE C	OF BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS.				
F RACE W WIDOWED DIVO	Sept :	30 1869	89 yrs. Mo	nths Deys	Hours Min.				
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR I	OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)	12. CITIZE	N OF WHAT				
retirad) Housewife	-	Maryland		COON	TISA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME						
William H Belt		Mary Ann	Brown						
	SOCIAL SECURITY NO.	17. INFORMANT & A	ODRESS	····	K./4				
(Yas, no, or unk.) (H Yes, give war or dates of service)	None	Marion 0	Duncan Reis	tersto	wn Md				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI			INTE	RVAL BETWEEN				
	mahmal Ham	22220			ET AND DEATH				
	rebral Hemo	orrnage		4	hrs.				
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)									
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO									
(C)									
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
DISEASE OR CONDITION CAUSING DEATH.	none								
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C				20 YES					
21a. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home,	none	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stata)				
218. ACCIDENT WAS UNDERLYING 218. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER 10 11	fice bidg., etc.)	none	, , , , , , , , , , , , , , , , , , , ,	(,,	1 minutes				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, (INJURY OCCURRED	21f. HOW DID INJURY OCCUP	11		<u> </u>				
none M. While	rk 🔲 et work 🔲 🗓 🤇	one							
22. I hereby certify that I attended the decease	sed from 4-20-1	41 19 10 6.	-21-5919	hat I last say	v the deceased				
alive on 6-21-59, 19, and	that death occurred a	5 P.M. from the c	auses and on the date	stated above	•				
SIGNATURE		ADDI	RESS (Streat, city, town, ste		DATE SIGNED				
XX. Caples	6	Hanover Rd.	n Ma		5-23-59				
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	Reisterstown	LOCATION (City, lawn, or	county)	(Slate)				
Burial June 24 195	Reisters	town Meth Cer	Reistersto	wn.	Md				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS					
DATE JUN 25 '59 Calm & Krand		MmBluy	Million to Car	eister	stown Md				

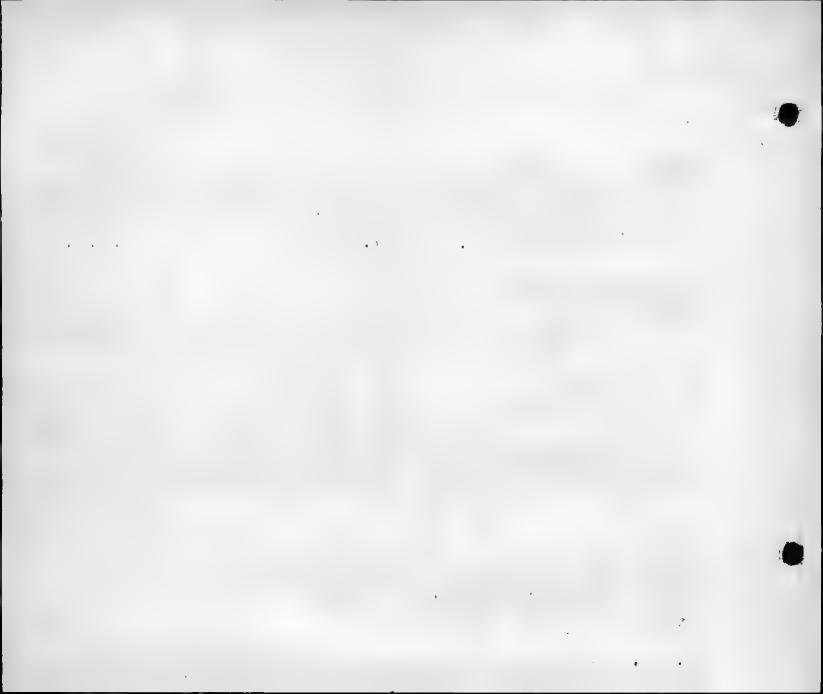


Cirthur & House

15M 10/57



requires that the death certificate



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06428

6443

CERTIFICATE OF DEATH

Reg. Dist. No.

7	1, 1	PLACE OF DEATH COUNTY Baltimore			MARY	LAND	2. USUAL RESIDENCE g. STATE Maryland	(Where de	ceased live	d If institut b COUNTY		e before a	dmission	}
			outside carporate limit	s, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN	(If outside	corporate	limits, write I	RURAL and g	ive nearest	lawn)	V
		Catonsvil	and the second second		I month	1 H	Baltimore	City	-	3V	101.1	4.		
		A NAME OF HOSPITA	Liff not in baroital ai	ve street	melelene et		d STREET ADDRES	S			- 1	e. I:	S RESIDE	NCE
F	_	Spring Gr	ove State	Hosp	ital		3818 Bell	Ave,	Zor	ne 15			DN A FA	
		NAME OF DECEASED	Fire	1	Middle		Lost	4. D.	F	Mai	nth	Day	Yeo	NT.
		(Type or print)	Joseph	Eduard	i	Ederr	DI	EATH	June		10	19	59	
	5. 5	SEX	6 COLOR OR RACE	7. MARR	RIED NEVER MARRIE	0 🔲 🛭	DATE OF BIRTH		9 A	GE (In years ist_birthday)	IF UNDER			
		Male	1 1	WIDOWI		_	4-22-91		6	yrs.	Months	Days H	DUTS	Min
	10a	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OF	R INDUST	RY IT BIRTHPLACE (S	tate or fare	ign country	y)	12 CITI	ZEN OF W	HAT CC	DUNTRY?
			ng mat even in vernous				Maryla	nd			17.	S.A.		
	13	FATHER'S NAME					14 MOTHER'S MAIDE					507 A 23. B.		
		Charle	s Ederr				Svlvia							
	15		IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	17. IN	ORMANT			Ade	lress			
	10	hitchiologia, 10	f yes, give wor or dates of se					Recor	ds Sr	ring (
							*							
					ne far (a), (b), and (c)]							ONSET		ATH
		PART I DEATH WAS CAUSED BY: Terminal Bronchial Pneumonia 36 hrs.												
		450.0 DUE TO Generalized Arteriosclerosis												
		Canditions, if any, which)												
		gave rise to immediate												
		lying cause last.												
	×	/ (0)												
,	ATIC	Cerebro-vascular accident 3 years ago												
	FIC							in Post 1 o	e Post II of	C 24 3 (0.3)		YE	S 🔲 N	OA
	L CERTIFICATION													
	S	20c. TIME OF INJURY	Month, Day, Yea			20e. PLA	E OF INJURY (Home, try, street, office bldg.,	form, 20f.	(City or k	own)	(C	ounty)	-	(Slale)
	MEDICAL	Haur a.m.	19	While at worl	Not while	TOLI	ry, mees, ornce olog.,	erc./						
	_	21. I certify the	at I attended the	deceas	ed from May	8	, 19 <u>_</u> <u> </u>	Juna-	10		that I k	ast saw	the de	
		alive on Jun	e 10	_, 19	22, and that	death (ccurred at 8	Рм.	from the	e causes o	and on th	e date :	stated	above.
			2	A.	. 0	1		ADDRE	SS (Street,	city or town,	state)			SIGNED
		ACTUAL SIGNATURE	11/2		has a	// M	. Spring (Grove	Stat	e Host	i toll			
7		SIGNATURE			Just of	ZZ W	D. LISPATTIBLE	24.57.5		27.11.72.27	11. AST 11			
		PHYSICIAN'S NAME (Type)	James Dona	ld Di	rinkard, M.	D.	Catonsv	ille,	Md.					
	220	RURIAL CREMATION	1. 22b. DATE THEREON	19	28C NAME OF CEME	TERY OR	REMITORY	-70	OCATION	1007 town.	er county)	7	(State)	
	27	UNERAL DIRECTOR	SIGNATURE	-/-	ADDRESS		0,000	REC'D BY R	EGISTRAP	24b PECS	STRAR'S SIG	NATURE		
	K	ack la	wer Bro	2	100 60	Liss	S PU _I	์ ไ ย้ที่ 1	2 '59		What &			
0		7.7					DATE			1	, and	/ HALL		



DATE JUN 1 1

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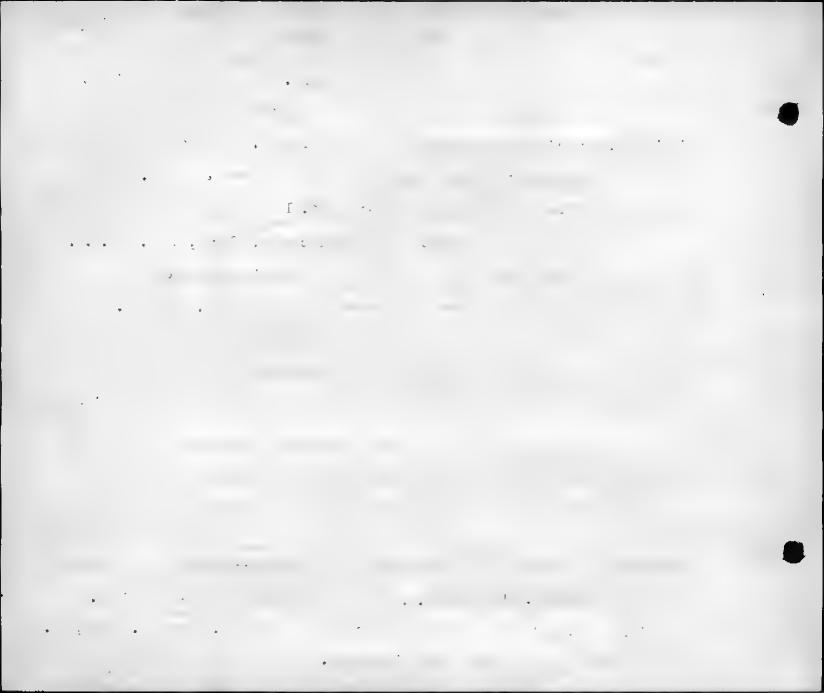
06451

Reg. Dist. No.

1. PLACE OF DEATH			ere deceased lived. If institution Res	idence before admission)
o. COUNTY Baltimore	B MARYLAND	o. STATE Md.	b. COUNTY Ba	Itimore
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		iulside corporate limits, write RURAL a	and give nearest town)
Towson	41 years	Tows	nn	
d NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	7	e. IS RESIDENCE
Mission Helpers of the Sac	anad Danet	/ 1001	W. Joppa Road	ON A FARM? YES NO K
3. NAME OF First	Middle			
DECEASED		Last	I OF	Doy Year
CIDOCI MALY		B DATE OF BIRTH	oute stres	TYPY 19 DER 1 YEAR IF UNDER 24 HRS
TIPSKII		B. DATE OF BIRTH	lost birthday) Mont	
Female White WIDOWN	_	July 1st. 18		
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country) 12	CITIZEN OF WHAT COUNTRY
Nun	Convent	Sferracval	lo Palermo Italy.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Cosimo Enea	-	Piet	trina Vassallo	
15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	NFORMANT	Address	•
- PO	none C	onvent Record	s. 1001 W. Joppa	Rd. Towson
18. CAUSE OF DEATH [Enter only one couse per list		JII COLOT	D. LOOL HE CODE	
PART I DEATH WAS CAUSED BY	171	0 1	2-	INTERVAL BETWEEN
IMMEDIATE CAUSE (o)		· · · · · · · · · · · · · · · · · · ·		10 days
455 X DUE TO	Can VIII	A	1.	
Conditions, if any, which (b)	Seplen	mick	y for	
couse (o), stoting the under-	1101	· · · · · · ·	1 5a OL	le lucta.
lying cause fast. (c)	Low	nene /	1001	UMMS
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTR BUTING TO DEATH BUT	NOT RELATED TO THE JERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED?
				YES 📑 NO 💭
M OR CONTRIBUTING □ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o m. While of worl		ACE OF INJURY (Home, form tory, street, office bldg, etc.	, 20f. (City or town)	(County) (State)
p. m. 19 of world		,	1	
21. I certify that I attended the decease	ed from	, 19, ta		I last saw the decease
glive an			_M, from the causes and a	
// // // // //			ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL TURE ALCOS	the Brend V	M.D. 750	l York Road	6/2/50
The state of the s	L. P. Corporato	m.v	<u> </u>	···
PHYSICIAN'S NAME (Type) Charles F. 01 Do	onnell M.D.	750	l York Road, Tows	on Md.
270 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City town, or coun	
REMOVAL (Specify) Burial 6/4/59	Convent Ceme		1001 W. Joppa Rd	**
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGISTRAR'S	
	611 Park Heigh			_ 4 -
- Maria Constanting . 4	OTT LOTY HETRI	ts Ave. DATE J	UN 3 '59 Orthu	T. S. Flyniad

TO HOSPITAL OR

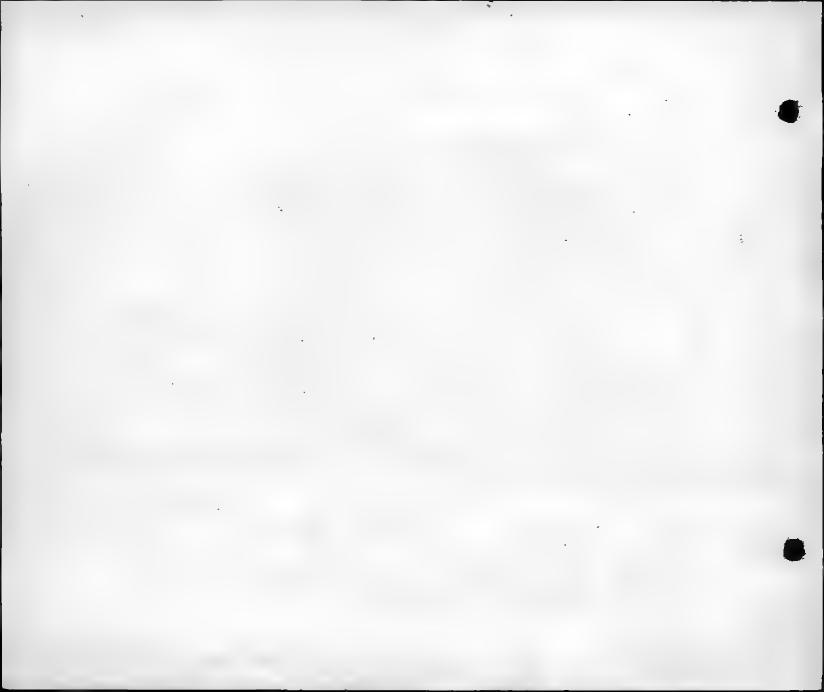
VS A15 (4) 15M 10/57

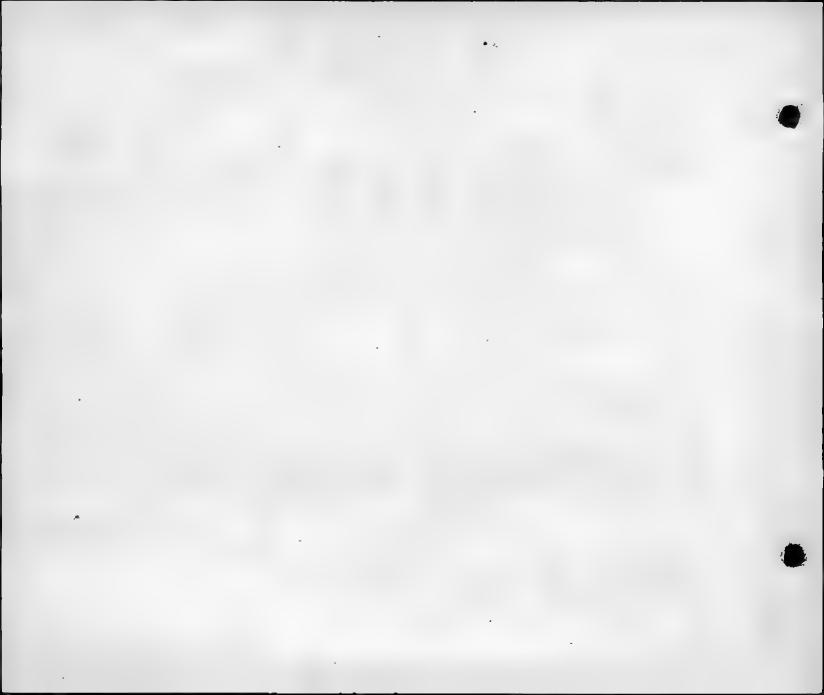


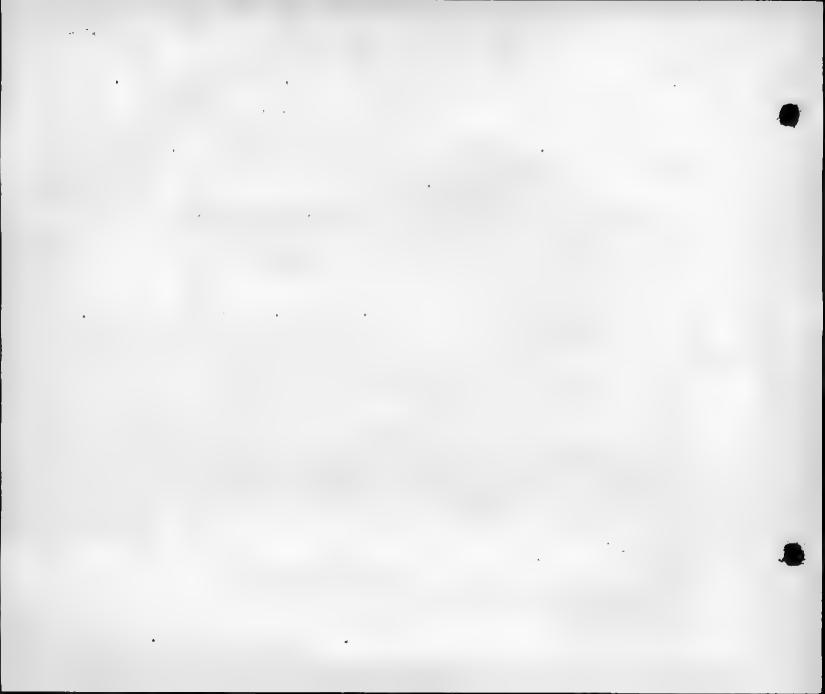
06430

	6444	CERTIFICA	ATE OF DEATH	Re	g. Dist. No.
PLACE OF DEAT	attimuse	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution is COUNTY	Residence before admission)
RURAL ond on	SPITAL /If not in haspital, give stree	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF OUT	iside corporate limits, write RURA	ond give nearest town) o is residence ON A FARM?
3 NAME OF DECEASED	Louise	M ddlr	Di C O	4. DATE Month OF	Day Year
(Type or print) S. SEX S. WALL Ou USUAL OCCUP during most of			B DATE OF BIRTH	3 last birthday) Mc	UNDER I YEAR IF UNDER 24 HK
13 FATHER S NAME 15 WAS DECEASED (Yes, no. or unknown)	iliam E Ail	Leavy Social Security NO 1	14. MOTHER'S MAIDEN NA MAYAGE NORMANT A 2111 A DILL	ME Jennary Agdress Eleary - Calin	USA Umila
PART 1. LL 2 2 Conditions, gave rise 1 cause (a), stat sying couse 1	o immediate (b) (b) DUE TO	Acute of Heart Arterio-	+ chroni Fdilute Scleratic NOT RELATED TO THE TERMIN S2dSC	Cordio	INTERVAL BETWEEN ONSET AND DEATH N PART (a) 19 WAS AUTOPSY PERFORMED? YES NO
O (IF EITHER, NO Y) 20c. TIME OF IN Hour o. P. 21. I certify	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) VJURY Month, Day, Year 20d. M While	Not while at work at work	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)	20f (City or town)	(County) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	W.E. A	Shorth CGreth	1.00	A, from the causes and a DDRESS (Street, gly or lown, state Frace Frace)	in the date stated above DATE SIGNED
220 BJRIAL, CREMI REMOVAL (Spe 23 FUNERAL QUREC		ADDRESS WAR	R CREMATORY 2 twan Jem. K - 38 240. REC'D LATE J		ounty) (Store) N. d. Res SIGNATURE LING S. KLAUR

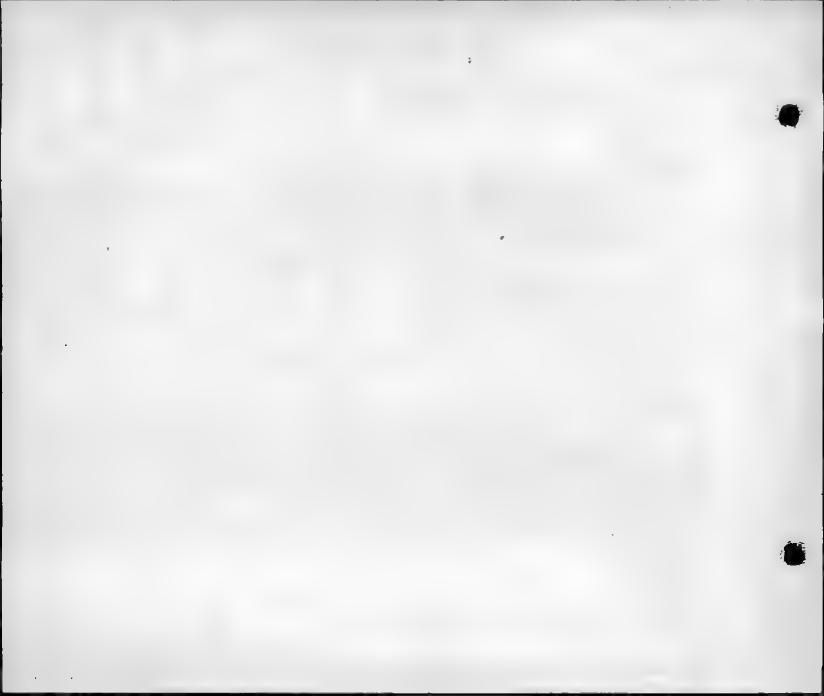
VS A15 (4) 1SM 9/SB







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06433 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Maryland **b.** COUNTY filed Baltimo re MARYLAND b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Balt imore 20days should tonsville d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? 1115 Hayward Avenue GROVE STATE HOSPI TAL YES TO NO TO 3. NAME OF Middle 4. DATE Frest Month Year DECEASED Forney and completely filler on papers. Pages I death. Ma rga ret Anne DEATH 1.0 June (Type or print) 19 IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX Months Days whi te female October 8. WIDOWED IX DIVORCED TO yrs. 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Morvland U. S. A. puo housewi fe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address unkmovm Unknown Records: SPRING GRUVE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Arteriocclerotic cardicvascular disease PART I, DEATH WAS CAUSED BY ears IMMEDIATE CAUSE (6) DUE TO Generalized arteriosclerosis à Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES TO NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) Day, Year factory, street, office bldg., etc.) Hour o. m. While Not white of work of work 20 June 10 19 59 hat I last saw the deceased Fay 21. I certify that I attended the deceased fram..... , and that death accurred at 8:30 aM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED hay be recommend to FUNERAL DIRECTO ACTUAL 6-10-59 PHYSICIAN'S NAME (Type) Catonswille. 22c. NAME OF METERY OF CREMATORY 220. BURIAL CREMATION. 22d. LOC TICH (City town openunty) DATE THEREON 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR VS A15 [4] DATE JUN 1 1 '59 Cirthur & Krous 15M 10/57



TO HOSPITAL OR CENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours officiation. Page 4 may be retained to a spiral and attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by the Foveral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death.

VS A15 (4) 15M 10/57

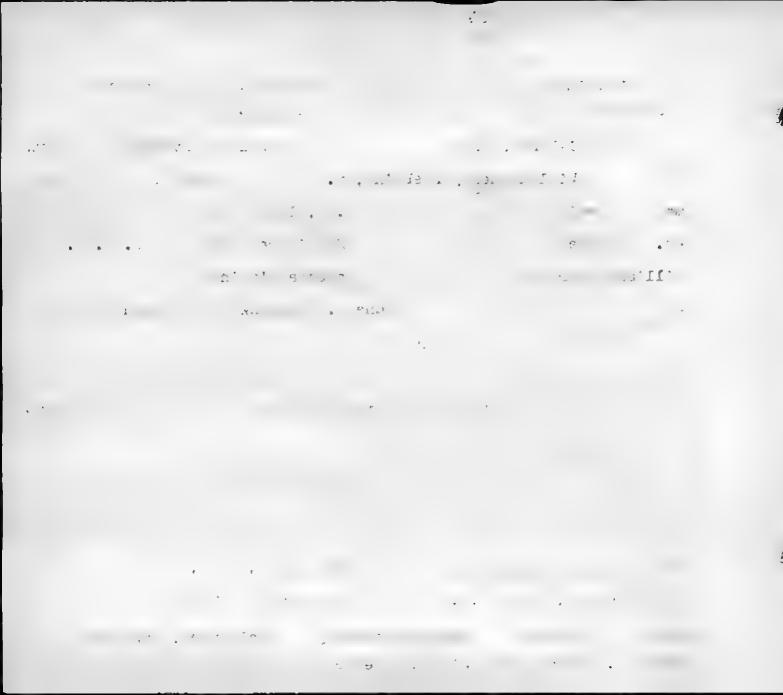
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6448 **CERTIFICATE OF DEATH**

Reg. Dist. No.

06434

-													
1.	PLACE OF DEATH	A		MARYL	11	USUAL RESID				DUNTY _			
-	b. CITY OR TOWN (If outsi	imore	wrda la fi	ENGTH OF STAY II	N 15		Mary		A 41 4		Balt:		
	Baltimore	lown)	wille [t, ti	ENGIN OF STAT II		c. CITY OR I		imore		WITTE KUR	At one go	ne neuresi	town)
Г	d NAME OF HOSPITAL (IF	nat in hospital, give	street addre	rss)		d. STREET A	DDRESS						S RESIDENCE
	or institution 4303	Wilkens	Aven	ue			4303	Wilk	tens	Avei	nue		ON A FARM?
3	NAME OF DECEASED	First		Middle		Los		4. DATE		Month		Day	Year
П	(Type or print)	Willia	m Hen	ry Fosb	rink	.Sr.		OF DEATH	Jun	e 5			1959
5.	. SEX 6. C	OLOR OR RACE 7	MARRIED	NEVER MARRIES	ПВ	DATE OF BIRTI	1	,	9 AGE (In		UNDER 1	YEAR, IF	UNDER 24 HRS
	male W	hite w	DOWED [DIVORCED	0	ct. 4	, 18		75 Post Birth	hday) /			ours Min
10	Outsual Occupation (Gi	ve kind of work don	e 10b. KIND	OF BUSINESS OR	INDUSTRY	11 BIRTHPL	ACE (State	or foreign co	ountry)		12. CITIZ	EN OF W	HAT COUNTRY?
-	Ret. Police	man						re Co	unty		U.	S.	A
1	William Fo	shrink				Ranh		Dimli	ne				
1	S. WAS DECEASED EVER IN U		\$2 16 SOCI	AL SECURITY NO	17. INFC		0.2 45 2	7 m x x	****	Addres	4		
	Yes no, or unknown]	give war or dates of servi	ce}	AC SECONIT INC.		a L.	Fosb	rink	4303			s Av	enue
Г	18. CAUSE OF DEATH [1	Enter only one coust	per line for	(a), (b), and (c)]	***************************************								AL BETWEEN
	PART I. DEATH W.	AS CAUSED BY EDIATE CAUSE (0)	1/0	alnutri	tion							ONSEL	AND DEATH
	1777	DUE TO											
	Conditions, if ony, w	MA)											
	gave rise to immed	Lote 101		-				_					
П	lying couse lost.		0	·	A 70-		- 7 -	3				-	
1,				inoma o								3	years.
Ě	PART II. OTHER SIL	GNIFICANT CONDIT	ION2 COMI	KIBUTING TO DEA	IH BUI NO	I KELATED TO	THE TERMI	NAL DISEASI	E CONDITIO	ON GIVEN	I IN PART I	I(o) 19. V P	ERFORMED?
3	5											YE	S NO
NOITEDIBITASO		DERLYING 20 NUSE OF DEATH CAL EXAMINER)	b. DESCRIBE	HOW INJURY OC	CURRED (I	Enter nature o	injury in F	Port I or Port	Il of item	18)			
MEDICAL	20c. TIME OF INJURY Mo	onth, Day, Year	20d. INJURY	Y OCCURRED :	20e PLACE	OF INJURY (lome, form	, 20f. (City	or town)		{Co	unly)	(State)
100	Hour o.m.	19		Not while of work	factor	r, street, office	bldg , etc.) [,	, .	, ,
3				011	1 -1	,	-	- 0 .		(7)			
	21. I certify that to	attended the d	eceased fi	ram 3 4	vul	1927	, to						the deceased
	alive on_52	we.	12-27	, and that a	death ac	curred at	. S. A.	UM, fram	n the cau	ıses an	d an the	date:	stated abave.
			Man	1				ADDRESS (SI	reet, city or	town, ste	ole)		DATE SIGNED
Н	SIGNATURE	nwin	AM	035	M D	5830	Bal	to.	"atl.	. P‡	ke		
ı	PHYSICIAN'S												
L	NAME (Type) I TOUT	H. Mos	38, M.	. D.		Balti	more	28,	Mari	_l aln	đ		
27	20. BURIAL, CREMATION, 22 REMOVAL (Specify)	b. DATE THEREOF	22c	NAME OF CEME	ERY OR C	REMATORY		22d LOCAT	TON (City,	lown, or	county)		(Stole)
	Burial	6/8/59		Western	Cen	eterv		Balt	imor	e. I	Marw	and	
23	. FUNERAL DIRECTOR'S SIGN	NATURE		ADDRESS			240 REC'S	D BY REGIST	ستند منتنست	_	AR S SIGN		
	Howard H. H	lubbard	4107	Wilkens	AV	nue	DATE JU	JN 8 '5	59	ant	Lug &	Krous	
-													



TO FUNERAL DIR page 3 should b VS A15 (4)

1SM 10/57

PERFORMED? YES NO A (County) (Stote) 6-11-59, 19___,that I last saw the deceased 19_____, and that death accurred at 12Noon, from the causes and an the date stated above DATE SIGNED Caples. Reisterstown, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial Specify) St. Paul Cemetery Arcadia . Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR J.F. Eline & Sona, Reisterstown, Md. Colling & Kroud DATE JUN 1 6 '59

06435

e IS RES DENCE ON A FARM? YES NO

10

INTERVAL BETWEEN ONSET AND DEATH

vrs.

U.S.



06436

	089	U CERTIFIC	AIL OI DEAIL	,	Reg. Dist. No.
T PLACE OF DEATH a, COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Mary)	h COUNTY	on. Residence before admission) City
RURAL and give n	(If autside corporate limits, write learest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	utside carporate limits, write Ri Baltimore	URAL and give nearest town)
	TAL (If not in hospital, give street	et address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
OK MASHIOIJON	Forest Haven	Nursing Home	5008 Belai	ir Road	YES NO
3. NAME OF DECEASED (Type or print)	First	Middle MA FRENCH	Last	4. DATE Mon OF DEATH	th Day Year
S SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR
Female		WED DIVORCED	June 3. 1874	lost birthday) 85 yrs	Manths Days Hours Min
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	r foreign country)	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	U ₂ Q ₂ K ₂
	William French		Mary ?		
IS WAS DECEASED EVI	ER IN U S ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT	Addr	ress
(Yes, No, or unknown)	(If yes, give war or dates of service)	Mr	John Morawe	2826 Banarmyo	od Rd. Balto. Md.
200. ACCIDENT W	any, which bimmediate the under CC	CON EM!	WORLD E DO	USEDST PALDISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
			IACE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State
20c TIME OF INJUI	19 Whi	le Nat while It	actory, street, affice bldg., etc.)		
21. I certify the alive an	hat I attended the deced	59, and that deal	19.67, to 6	M, fram the causes an ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type)	JOHN 10	1. Showle	D. BAL	1. 281	mo.
22a. BURIAL, CREMATIC REMOVAL (Specify Burial		22c NAME OF CEMETERY C		22d. LOCATION (City, fawn, o	
23. FUNERAL DIRECTOR	T'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR NOTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs at the path. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remayol, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SB



B



M

oth: Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs alt

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06438

6452 CERTIFICATE OF DEATH

Reg. Dist. No.

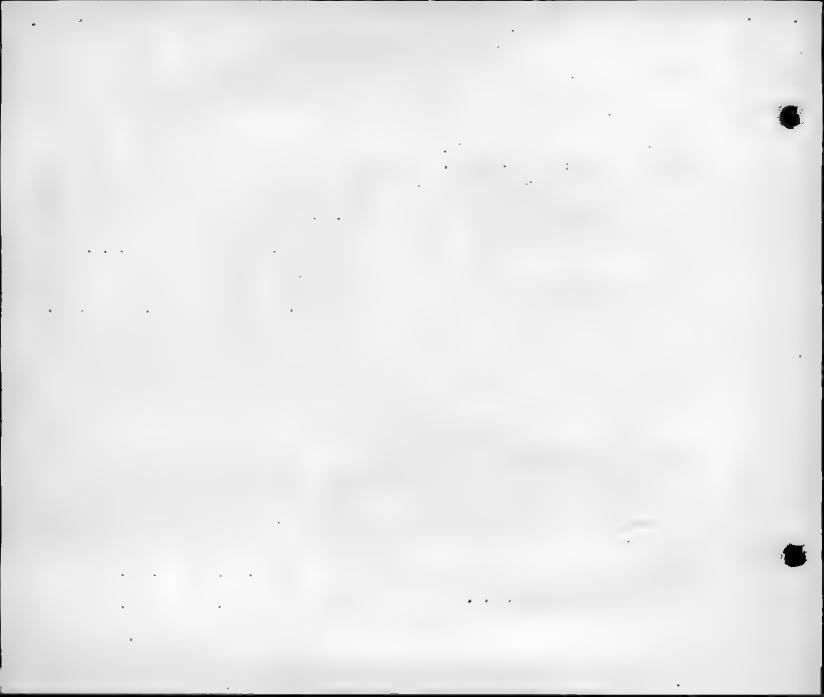
	1 PLACE OF DEATH a COUNTY TO 7					2 USUAL	RESIDENCE (W	here decease	d lived. If insti	tution Resider	nce before	odmission)
	Bal	timore			MARYLAND	o. STA	Md.		b. COUN	m Ba	ltim	ore
	b. CITY OR TOWN (If or RURAL and give neare	itside corporate lim	its, write	c. LENGTH C	OF STAY IN 16	c. CIT	OR TOWN (IF	outside corpo	rote limits, wri	e RURAL ond	give neare	est town)
	Owings Mi	lls		2]	L yrs.	X	Owings	M111	3			
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, s	jive street	address)			EET ADDRESS				e.	IS RESIDENCE
	Fe	atherbe	i Lai	ne		Fe	atherb	ed La	ne			YES AND A
	3. NAME OF DECEASED (Type or print)	Rufus		lson	Middle Fritz		Losi	4. DATE OF DEATH	June	Month 30,1	959	Year 19
	5. SEX 6	COLOR OR RACE	7. MARR	IED F NEVEL	R MARRIED	0 DATE OF	BIRTH		9. AGE (In yes	IF UNDER		F UNDER 24 HRS
		White	WIDOWE	D [] [DIVORCED 🔲	June	13,18		last birthida 85	Months //s.	Days	Hours Min
	during most of working Janitor a	Give kind of work life, even if retired t Cotto:	done 10b	_	INESS OR INDU	STRY 33. BI	Penna		ountry)	1	U.S.	WHAT COUNTRY
	13. FATHER'S NAME					14 MOT	HER'S MAIDEN					
	Simon P.	Fritz				M	artha :	S.Dul	1			
	15. WAS DECEASED EVER IN (Yes, no. of unknown) (If y	U. S. ARMED FOR		SOCIAL SECUI 15-22-	-5974 I	NFORMANT Dewey	S.Fri	tz,Ow	ings M	111s,	Md.	
	Conditions, if any, gove rise to imm couse (o), stoling the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (c DUE TO which ediote under DUE TO)	Mej	Cano	er	Ca.	Br	lungs east		ONSE 6	VAL BETWEEN T AND DEATH ME MESS.
)	PART II. OTHER OR ACCIDENT WAS L OR CONTRIBUTING DI IIF EITHER, NOTIFY ME	SIGNIFICANT CON	DITIONS C	ONTRIBUTING	S TO DEATH BUT	NOT RELATI	D TO THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PAR		WAS AUTOPSY PERFORMED? TES NO M
		NDERLYING () CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	RIBE HOW IN	NJURY OCCURRE	D (Enter not	ure of injury in	Part I or Port	1 II of item 16.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. IN While of work	Not while	e fo	ACE OF INUI	JRY (Home, forn office bldg., etc	n, 20f (City	or town)	(-	County)	(Stole)
1	21. I certify that alive an J. 44 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	e,8th anes	Mills A.	9 00 A	a). 'er 14	M.D.	13	M, fran		s and an t	last saw he date	the decease stated above DATE SIGNE
	220. BURIAL, CREMATION, REMOVAL (Specify) Eurial	July 3.	`_	Druic	OF CEMETERY O		RY		CON (City, fow			(State)
	23. FUNERAL DIRECTOR'S SI	GNATURE		ADDRES:	S		240. REC	D BY REGIST		GISTRAR'S SI	GNATURE	-
	J.F.Eline	& Sons	,Rei:	sterst	cown, Mo	1.	DATE A	H 1 76		July &		6

DATE JUL 1

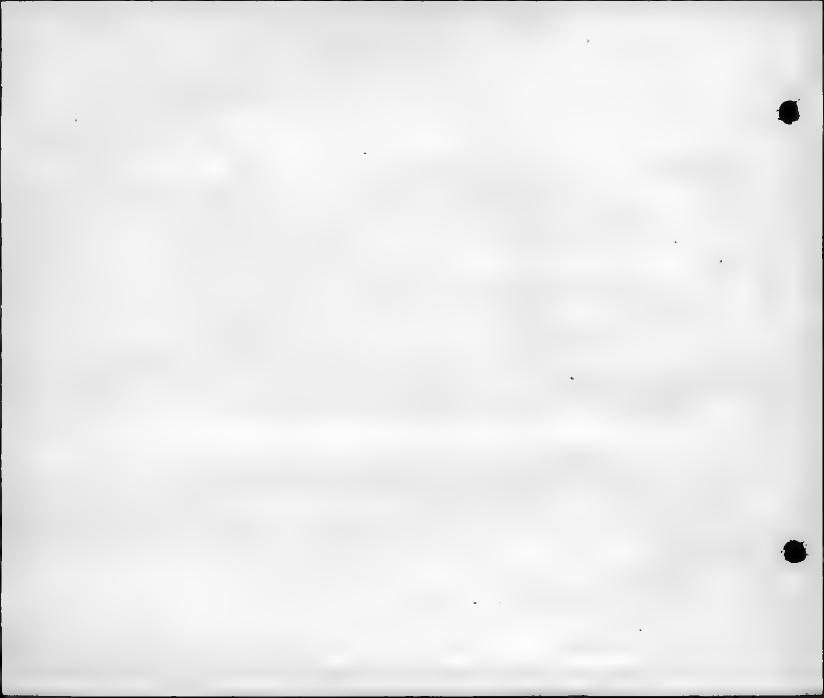
/58

arthur S. Krist





1 >		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
() ()		6395 CERTIFICATE OF DEATH Reg. Dist. No.
y the Fancral director, 2 should be filed with		PLACE OF DEATH O COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived institution Residence before admission) O. STATE MARYLAND BILT.
oth old be		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
- a-o ·	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1815 MAXWELLAVE. 1815 MAXWELL AVE. 1815 MAXWELL AVE. 1815 MAXWELL AVE. 1816 MAXWELL AVE.
		3 NAME OF DECEASED (Type or print) VON der GATTON GATH JUNE 1, 1959
ecured within 24 completely filled papers. Pages 1 ath.		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1
2 - 6 - 6 - 6 - 6 - 6 - 6		10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) WATCHMAN SEED CO. MARYLAND 12. CITIZEN OF WHAT COUNTRY? 4. 5. 7.
5 6 6 6	1	MARCELLUS, GATTON ELIZABETH MAGILL
	\forall	(S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service) 214-18-0910 MRS. John A. Legere
e attending en please of nt within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PROLING MIT OF FACE INTERVAL BETWEEN ONSET AND DEATH.
es mor de la		Canditians, if ony, which [b]
required in signe ond in		lying cause lost. DUE TO Cc) Cc) Cc) Cc) Cc) Cc C
The Taw The Physic That be Trial-tra Trial-tra	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
trending ifficate is the by		
this cer this cer or use or remation		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a. m. 19 While Not while at work at work at work 19 Not while at work 19 Not
chine thospil the Affer sched fo puriol, co		21. I certify that I attended the deceased from NOV: 1950, to 5/3/5919, that I last saw the deceased alive on 5/3/5919, and that death occurred at 3/359M, from the causes and on the date stated above.
ined E		ACTUAL SIGNATURE 2 BOULLOCK MD. 33 Dimdalk Avenue July 1, 105
		PHYSICIAN'S NAME (Type) W. P. Baermann, 1. D. Faltimore 22, Maryland
o Hoselfal may be reta O FUNERAL page 3 shou the registrar		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Mendown idge Cem. BALTO: Md.
VS A1S (4) 15M 9/SS		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE JUN 4 '59 CARLON & House
IDIN FEEL		35/2 Freduch (29)



CERTIFICATE OF DEATH 06441 6454 Rea. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived - If institution, Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest lown) should 7 8 M S d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F oug o NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF DEATH auss {Type or print} 3 G O to 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8 VOATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours دليا DIVORCED T WIDOWED T y11. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ua 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME REEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (III yes, give wor or dotes of service) ottending please CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DAYS DUE TO ል 4 DAYS rm. Conditions, if ony, which gued gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State) Haur e. m. factory, street, affice bldg., etc.) While Not while at work 🔲 at work 21. I certify that I attended the deceased from 1957. Kense 3 a..., 19. ≥ 7, that I last saw the deceased deloche alive on and that death occurred at PM, from the causes and on the date stated above. ö ACTUAL SIGNATURE DIREC prior 3 should PHYSICIAN'S TO FUNERAL Mol NAME (Type) MO 220 BURIAL CREMATION. 826. DATE THEREOF 22c. MAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or county) **ADDRESS** 246 PEGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Circles & Frank VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page .

require that the death certificate



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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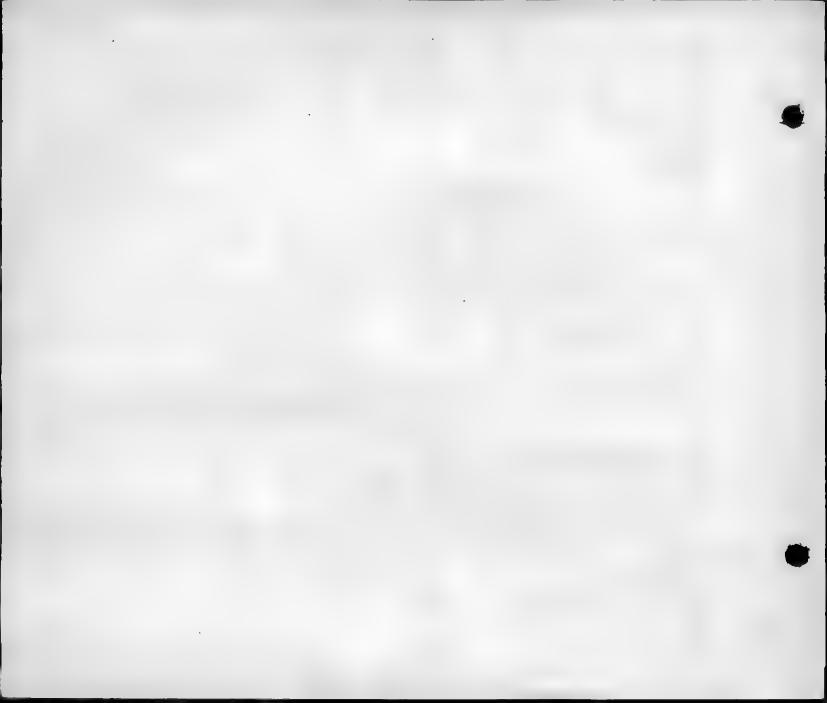
CERTIFICATE OF DEATH

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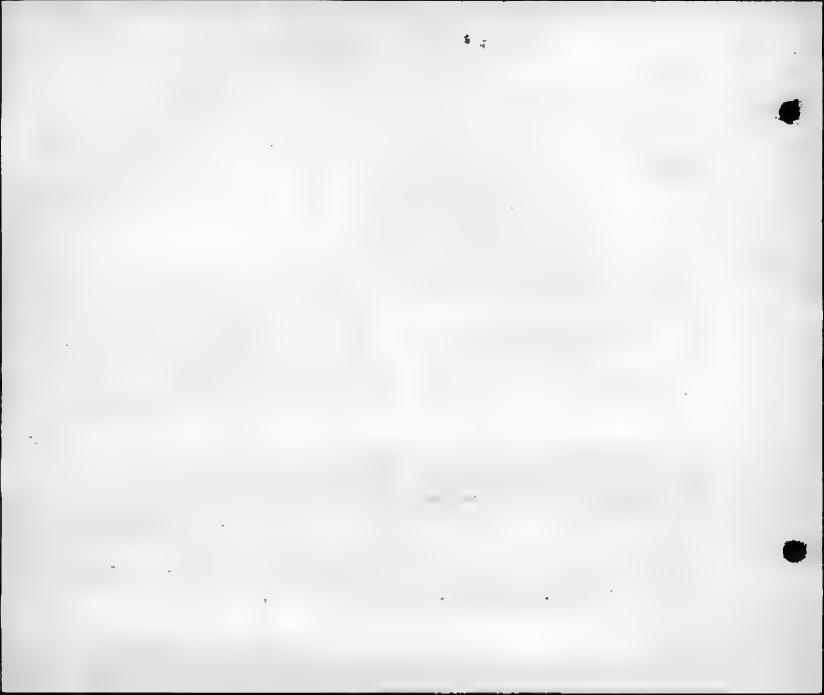
6455 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate liquits, write RURAL and give nearest town) RURAL and give nearest Jown) NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INMITUTION STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 9. AGE (In years lost bighday) 5. SEX 6. COLOR OR/RACE MARRIED P NEVER MARRIED DATE OF BIRTH IF UNDER PYEAR IF UNDER 24 HRS Months Doys Hours Min. DIVORCED [WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? peralor. 13. KATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? □ NO □ 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (Stole) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work of work 21. I certify that (attended the deceased from 6 -___, 19<u>.5_7</u>, that I last saw the deceased and that death accurred at 81002M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED AKKTON PHYSICIAN'S NAME (Type) BURIAL CREMATION. OF CREMATION Abwnz or county! (Stote) REMOVAL JSpecify FUNERAL DIRECTOR'S/SIGNATURE C'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 3 0 '59

abod 0 VS A15 (4) 15M 9/55

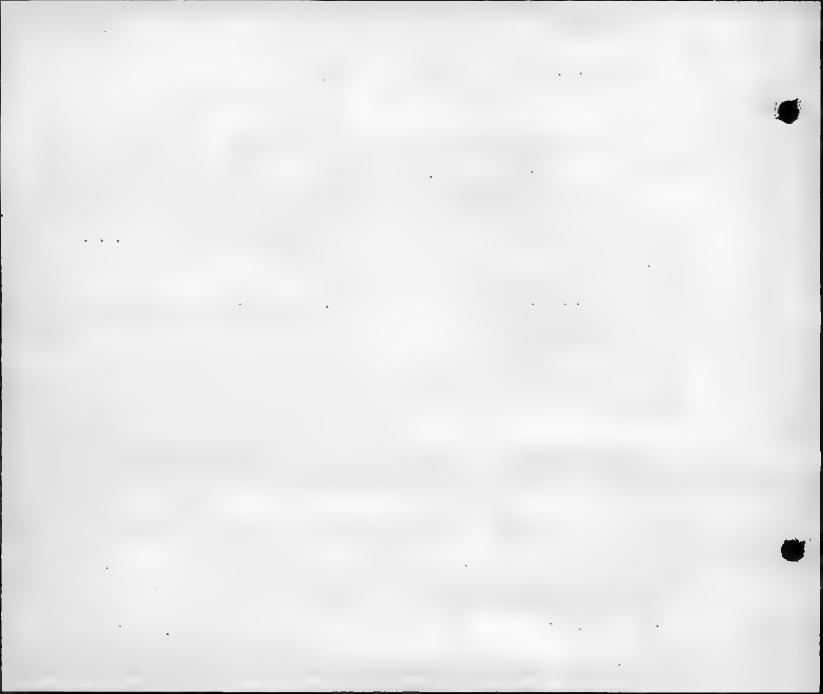
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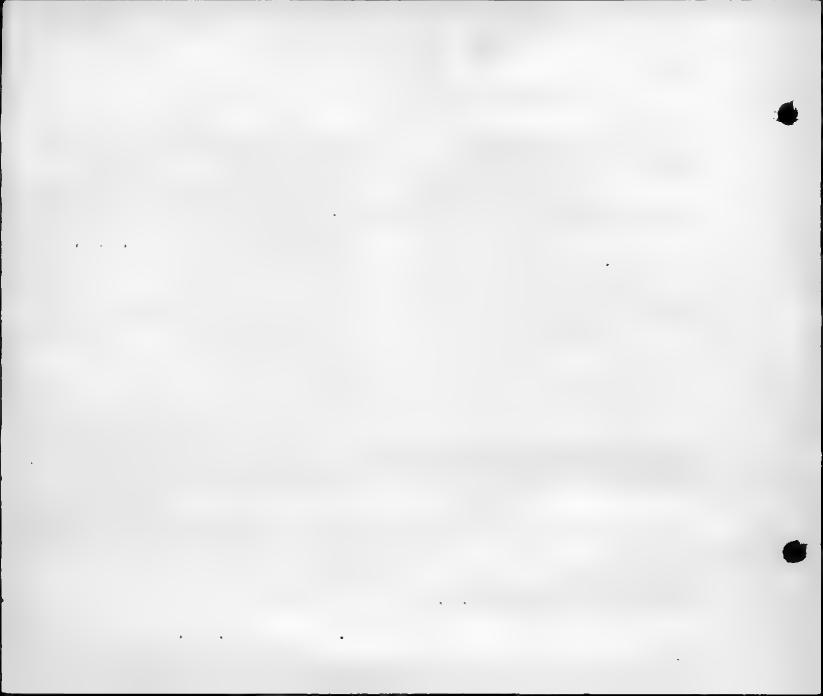


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6457 **CERTIFICATE OF DEATH** Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3 o. COUNTY **b.** COUNTY unerol b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) **88** RAL and give nearest town) d'NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO 🗷 3. NAME OF Middle 4. DATE Year DECEASED OF DEATH 2 (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months Doys Hours WIDOWED DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during may of working life, even if retired) ond . 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician maye hours Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) CORONARY OCCLUSTON 7. hour DHE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 10 years Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? buriot YES NO 🛅 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (State) ****** . 19.58 , to October Present _____, that I last sow the deceased detoched ond that death accurred at 9:00M, fram the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 5101 Gwynn Oak Avenue. 20June 1959 should PHYSICIAN'S NAME (Type) Millard T. Traband, FUNERAL Baltimore, 7. Maryland 220 BURIAL CREMATION, 22b. DATE THEREOF 27C-NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, ar county) FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATEUN 2 3 '59 Orthun & Kroun 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





6459 CERTIFICATE OF DEATH

Reg. Dist. No.

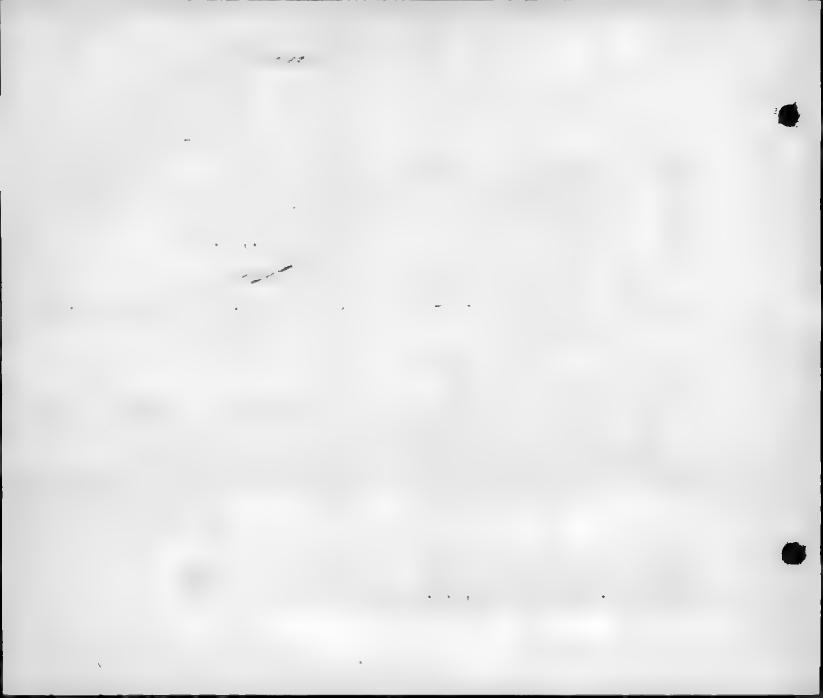
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- 1											
	1. PLACE OF DEATH o. COUNTY			MARYLAND	2 USUAL RESIDE	_		If institution	n Residence	before admiss	ien)
ŀ		ltimore		,	Maryl			Balti			
1	b. CITY OR TOWN (IF RURAL and give no		its, write	c. LENGTH OF STAY IN 16	e City OR TO	WN (If outside	corporate lit	nits, write RUI	RAL and give	nearest fown	-}
	Catons			8 mos	X High	land T	own	·			
	OR INSTITUTION	At (If not in hospital, (pive street	address)	d STREET ADI					e. IS RES	IDENCE FARM?
	Ridgew	ay Manor			7418	Popla	r Ave	. P.26.		YES [NO 🗐
1	3. NAME OF DECEASED	Fir	rst	Middle	Lost	4. D.		Month		Day	Year
ı	(Type or print)	Daniel		Thomas	Green		EATH	Jun	10	17	19 59
	5. SEX	6 COLOR OR RACE	7 MARE	HED NEVER MARRIED	B. DATE OF BIRTH		9. AG			EAR IF UNDE	
	M	W	WIDOWI	ED DIVORCED	March !	1,1878		So yo	Months Do	iys Haurs	Min
1	100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or fore	ign country)	<u>Llaterre</u>	12. CITIZE	N OF WHAT	COUNTRY
1	Machinist	ing life, even if retured		ethlehem Ste	M+	Alto.	De		USA	4	
1	13. FATHER'S NAME		1.14		14. MOTHER'S M	AIDEN NAME	9 1. 11 4			*	
1	John Thom	na Cmaan			March	Schae	for				
ı	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO 17 1	NFORMANT	DCHae	F-01.	Addre	13		
1	(Yes, no or unknown)	It yes, give war or dates of s	11 _	12 00 5000	Man Allen	5 Dame	67/	13 O D.		A	0.4
ŀ	TIS CAUSE OF DEAT	TM (Salus aslus assessed		13-07-5979 ne for (a), (b), and (c) 1	Mrs.Alm	a_nenn	Y . 74	LLB Po	DISE	AVO	the state of the same
1		TH WAS CAUSED BY:		16 101 (0), (0), 0n0 (c)]			< 7 mg	1 1		ONSET AND	DEATH
1		IMMEDIATE CAUSE (o	,	178.1.6 174	-7 / cr	u.)	2680	- x28 E G		2.7	n was like.
1	4501	DUE TO)	1. + 1	//			6		E .	_
1	Conditions, if on gove tise to in		1	At lelia "	16:00 1-					· 1 5	Z >
1	cause (a), stating t		•							ŕ	
1	lying couse lost.) (1								
	PART II. OTH	ER SIGNIFICANT CON	ID TIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TO	HE TERMINAL D	SEASE CON	DITION GIVE	N IN PART I	(e) 19 WAS PERFO	AUTOPSY RMED?
	3	Lyra	for li	· 11/60	hy- 1					YES 🔲	NO 🔲
ľ	PART II. OTH PART II. OTH 20g ACCIDENT WA OR CONTRIBUTING Uf EITHER, NOTIFY	□ CAUSE OF DEATH:	206. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of i	njury in Part 1 c	or Port II of	(tem 18.)			
1		MEDICAL EXAMINER)									
1	20c. TIME OF INJURY	Month, Doy, Ye			ACE OF INJURY (Ho	me, form, 20f	(City or law	~n)	(Cov	inty)	(State)
1	20c. TIME OF INJURY Hour a.m.	19	While of world	Not white to	cruty, street, drike b	itagi, ercij					
1		at I attended the	docese	ad from 1/2	19.5%	. 1/10	PLA	10 <	Alexander		J
1	/	ar i direttued life	10 /	11 -		7				t saw the	
1	alive on	o grant of the faction.	123	and that death	occurred ar.Z.			Causes an ilyfor town, st			ed above. Ate Signed
	ACTUAL /	11,1.	- //	116/11	1.1	2521	_/		·	/ /	D 16
3	SIGNATURE	16/ 6x 691	_//	1 100	MD. 02-11	14611.	- 62 E L.	302 66	. js .6	6-1	41.21
	PHYSICIAN'S NAME (Type)	. Nelson	McK	ay.M.D.							
ŀ	220. BURIAL, CREMATION	N, 226. DATE THEREC)F	22c NAME OF CEMETERY O	R CREMATORY	22d. I	LOCATION (City, tawn, or	county)	(\$lol	0)
	REMOVAL (Specify)	6/20/	50	Cale Tores			Doll 44	mans	Ma		
ŀ	23, FUNERAL DIRECTOR'S	SIGHTSTORE	7	ADDRESS	2	4a. REC'D BY R		more,	RAR'S SIGN	ATURE	
1	Brooks	Bradley	4	Dundalk, M		ATE JUN 2					
- 1	DIOOKS	Tradite?		- unual K.	IL O	MIL WEIT A	- 77	Circ	Lug & f	Lented	

may be retained. The haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. Zeath. Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR VS A15 (4) 15M 9/55

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NDING PHYSICIAN:	may be retained it is haspital or attending	TO FUNERAL DIRECTOR: After this certificate
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0,8	ped	SIRE
Z	etai	ALI
SPI	8	LER.
HOH	ò	EU
TO HOSPITAL OR	ε	2

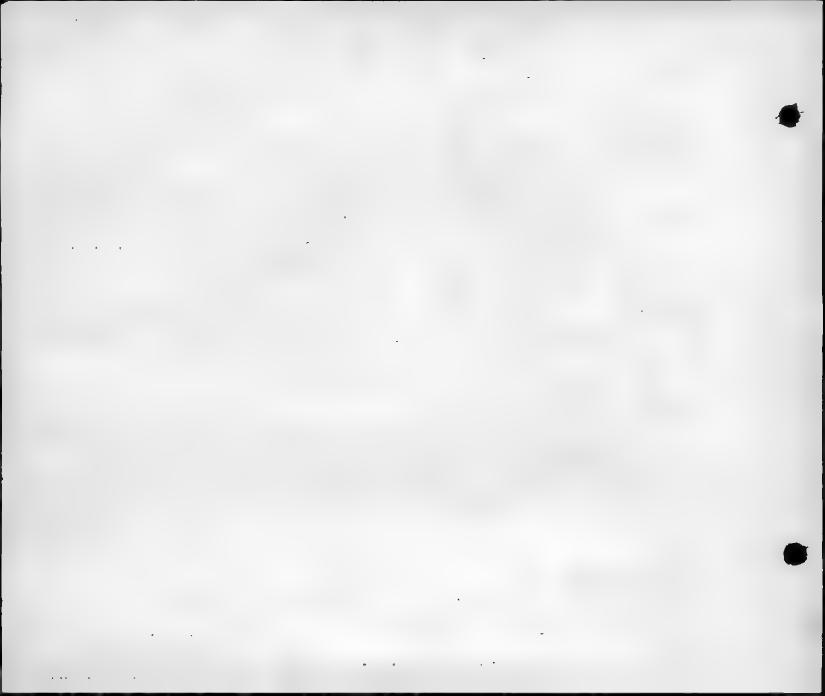
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH CLCA

06448

						LF.	Wy. Dist. 140.	
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYL	II A STATE	Maryla	nd b	and the same of the same of	Residence befor Baltimor	
RURAL and give Catons	l (If autside corporate limits, w negrest lawn) VIIIO	c. LENGTH OF STAY IN			tside corporate lim	nts, write RURA	AL and give nea	rest town)
or institution	PITAL (If not in hospital, give SROVE STATE	street oddress) HOSPITAL	/ d. STREET A		Avenue			ON A FARM? YES NO
NAME OF DECEASED (Type at print)	Rott	hoffman	Hai	1e	4. DATE OF DEATH	Jun	دو ع دو ع	Year 1959
sex Cemale		MARRIED NEVER MARRIED		19 05	9 AGI lost		under t YEAR onths Days	IF UNDER 24 HRS Hours Min
	TION (Give kind of work done orking life, even if retired) SeWife	106. KIND OF BUSINESS OR	INDUSTRY 11 BIRTHPU	arylan	r fareign country)		U. S.	F WHAT COUNTR
. FATHER'S NAME	71-00-		14. MOTHER'S					
	am Hoffman	2 14 SOCIAL SECURITY NO	17. INFORMANT	nna P	eregoy	Address		
my xxxxxxx		XXXXXXXXXX	Records:	SPRIN	G GROVE		E HOSPI	TAL
	EATH [Enter only one couse EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c)]	ary th	ron	bons		ONS	RVAL BETWEEN ET AND DEATH Deadle
Conditions, if gave rise to cause (a), statin lying cause las	immediate og the <u>under-</u>							
3	Moutri	ons contributing to DEAT	hydra	lion	>		IN PART 1(a) 15	PERFORMED? YES NO
20a. ACCIDENT I OR CONTRIBUTION (IF EITHER, NOT)	WAS UNDERLYING TO 206 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURREM (Enter nature of	injury in Po	rt for Port II af i	em 18)		
20c. TIME OF INJ Hour e. m	1. 10	20d. INJURY OCCURRED 2 While Not while at work at work	De. PLACE OF INJURY II factory, street, office	tome, form, bldg., etc.)	20f (City or law	nì	(County)	(State
21. I certify alive on		ceased from May 1257, and that c	// 19.57 leath occurred at MD SPR	73 5 P	PM, fram the DDRESS (Street, cit	causes and ly or lawn, stol	an the dat	tw the decease stated about the stated about the state of
PHYSICIAN'S NAME (Type)	Stella Wachs	ler, M. D.	Cato	ons vi l	le 28, M	<u>aryla</u> no	1	
20 BURIAL, CREMAT BEMOVAL (Speci BUPIAT	10N, 226. DATE THEREOF (y) 6-29-59	22c NAME OF CEMET Prospect			2d. LOCATION (C		,,	(State)
3 FUNERAL DIRECTO		ADDRESS		24o REC'D	BY REGISTRAR		AR'S SIGNATUR	E
Brooks F	uneral Serv	ice, Towson	Md.	NULATAG	2 9 '59	Ortho	7 S. Krous	4



d. Through

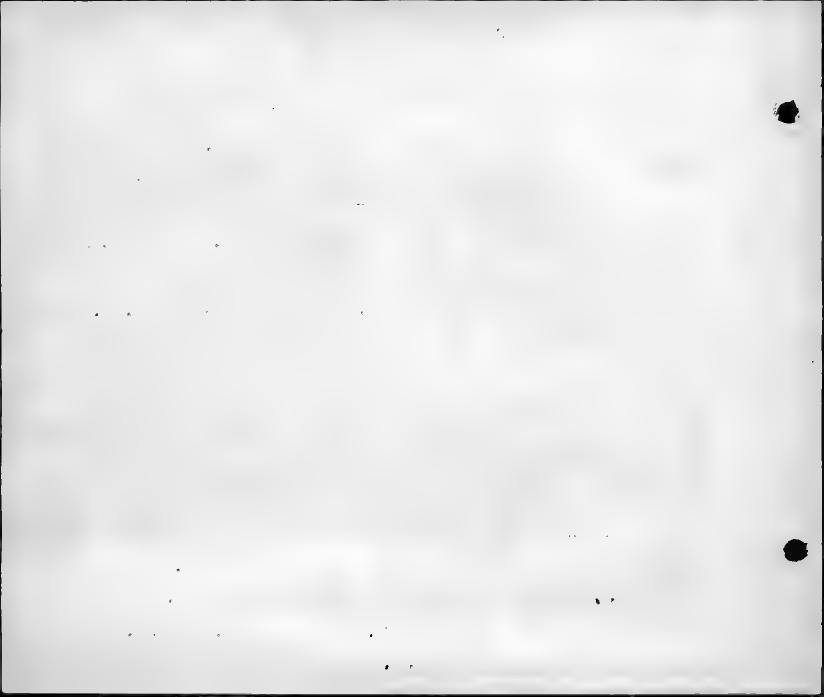


VS A15 (4) 15M 9/55

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•	110451	
Reg. Dist.	No.	

1.	PLACE OF DEATH a. COUNTY	BALTIMORE:		MARYL	UND	2. USUAL RES MARYT	AND	ere deceased	lived. If 'nstitute b_COUNTY BAL'I'		e before	e odmission)
	b. CITY OR TOWN (IF RURAL and give nec	outside carporate limit arest town)	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR	TOWN [If or	ulside carpore	ote limits, write R	RURAL ond g	ive neor	est town)
L	CATONS			/OYRS			LTONSV	LE				
	OR INSTITUTION	L (If not in hospital, g				d. STREET	ADDRESS				0	ON A FARM?
L		Private	Mome			1009	ALEXA	INDER A	AV.			YES NO
3.	NAME OF DECEASED	Fin	ıl	Middle		lo	st	4 DATE	Mor	oth	Day	Year
	(Type or print)	EMMA				HARRIS		OF DEATH	6		7/	19 59
5.	SEX			HED NEVER MARRIED		. DATE OF BIRT	'н				YEAR I	F UNDER 24 HRS.
	FEMALE	NEGRO	WIDOW	ED DIVORCED	<u> </u>	6-23-18	199	1	P. AGE (In years lost birthdoy) 59 yrs		Days	Hours Min.
10	 USUAL OCCUPATION during most of working 	N (Give kind of wark a ng life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUS'	RY 11. BIRTHP	LACE (Slote o	or foreign cou	onlry)	12 CITI	ZEN OF	WHAT COUNTRY?
	HOUSEWIFE	i S was esau u samadi		DOMESTIC		HOWA	RD GOT	MTY.M	D-	110	S.A	
13.	FATHER'S NAME					14. MOTHER'S					0911	•
L	JOHN BRO	OKS				CLAR	A JACE	KSON'				
	WAS DECEASED EVER	IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		
	NO	NONE.			MR	S.NETTT	E HARE	TS PA	T-1009	ATEY	AV.	
	18. CAUSE OF DEAT	H [Enter only one cou	use per lir	ne for (o), (b), and (c).]				-14-171	<u> </u>	STEINS		VAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:			TT 610	DTOSAC	nat.				ONSE	T AND DEATH
	OLLX	IMMEDIATE CAUSE (o)		CARDIO VASCI	Пъвц		N.				-	?
		DUE TO										
	Conditions, if an gave rise to im		AJ	VEURYSM OF A	LORT	A						
	couse (a), stating th											
_	lying cause last.) (c)										
<u>N</u>	PART II. OTHI	R SIGNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY
3												PERFORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING DEATH	20b. DESC	RIBE HOW INJURY OCC	URRED	(Enter nature o	of injury in Po	ari I ar Pori 1	11 of clem 18.)			<u> </u>
At c	20c. TIME OF INJURY			AND ORGINARY	3- 014	Per mer thanker		last sat				
ă	Hour a. j.		While	Not while	focts	CE OF INJURY (bry, street, office	riome, tarm, e bldg., etc.)	201 [City o	or town)	(Co	ounty)	(Stote)
¥	p. m.	19	of work	of work				<u> </u>				
	21. I certify the	t l attended the	decease	ed fram <u>5/31/</u>		195						v the deceased
	alive an 6	- 13-	_, 12, 5	29_{-} , and that d	eath (accurred at	10:15	RM from	the causes o	and an the	e date	stated above
	1/-	mp? []	2/1						et, city or lown,			DATE SIGNED
	ACTUAL SIGNATURE	11 40	PL	41287	M	p. 403	MEDICA	L ARTS	BLDG.			6/11/59
						T. Indian	**					
	PHYSICIAN'S NAME (Type) Wa			-		403	MEDIC	AL ART	S BLDG.			
220	BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCATK	ON (City, town, o	or county)		(Slote)
	REMOVAL (Specify) BURIAL	6/18/59		ARBUTUS ME	Mil	• PARK		BALTO	. COUNT	Y,MD.		
23.	FUNERAL DIRECTOR'S	SIONATURE	/	ADDRESS CARROT	TTO	N AV.		BY REGISTRA		STRAR'S SIGN	NATURE	
(. Haills	15 C/16/26	6/	BALTO.	少.	TA WA	DATE	1 9 '59	Ciri	hun S. H	date &	
_				the same of the sa							-	



VS A1S (4) 15M 10/S7

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
64.64	CERTIFICATE		

CERTIFICATE OF DEATH

06452

030) X CERTIFICA	AIL OF BLATT	Reg. Dis	it. No.
1. PLACE OF DEATH O COUNTY Baltimor	e MARYLAND	2 USUAL RESIDENCE (Where de o STATE Maryl	ceased lived If institution Resident	ca before admission) timore
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest lown)	e. LENGTH OF STAY IN 15		corporate limits, write RURAL and q	give neorest town)
d NAME OF HOSPITAL (if not in haspital, give OR INSTITUTION Ebenezer Rd.	street address)	/ STREET ADDRESS EDENEZER R	d	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle		F	Day Year
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED DIVORCED DIVORCED	#ardie P P P P P P P P P	of mile TT	1 YEAR IF UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dans during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for Beaver Co.	eign country) 12 Cit	IZEN OF WHAT COUNTRY
13 FATHER'S NAME James Hardie		14. MOTHER'S MAIDEN NAME Elizabeth D		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no or unknown) (II yes, give wor or defer of service)		NFORMANT	Address	
18. CAUSE OF DEATH [Enter only and causa PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		estive Heart	FAILURE	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which gove rise to immediate couse (a), stoting the under. Lying couse lost. DUE TO	CIRRH	csis Or LIV	· R	3 MONTHS
PANT II OTHER SIGNIFICANT CONDITI				T I(a) 19 WAS AUTOPSY PERFORMED? YES NO 2
OR CONTRIBUTING IT CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part L	or Part 11 of item 18.)	
Haur o.m.	20d, INJURY OCCURRED 20e, PL While Not while fo of wark at wark	ACE OF INJURY (Home, farm, 201 clary, street, affice bldg., efc.)	. (City or town) (C	County) (State)
21. I certify that I attended the de alive on SIENE 11,	ceased from MAR 1959, and that death	coccurred at Z_P_M,	fram the causes and an th	he date stated above
ACTUAL SIGNATURE	enon ff	MD. 2/07 C/2	ESS (Street, city ar town, state)	DATE SIGNED
PHYSICIAN'S NAME (Type) 0015	SEMENTE	Pritage	270,111	
Dat 142 0/21/			LOCATION (City, town, or county) Creve Va.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard. 4:	ADDRESS 107 Wilkens Av	24o. REC'D BY I		
Monara W.Mannara'.	FOI MTTWETTO WA.	DATE JUN 1	5 '59 Cather 8	H

1.94 3.18° a fore simp

* 18° - N T

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived if institution Residence before odmission)
o. STATE Marvland b. COUNTY Baltimore

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girector	ž	\m		1	
_	E	K		1	
UNEFO	X	Z			
5	몽				

sath Page 4

requires that the death certificate be executed within 24 hours of

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PLACE OF DEATH

Baltimore

in by the and 2 shot may be retained be hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registror priar to burial, cremation, or removal, and in any event within 72 haurs after death.

TO HOSPITAL OR VS A15 (4) 15M 10/57

ь	CITY OR TOWN (IF RURAL and give no Caton svi	и 16 В	c. CiTY OR TOWN (If outside corparate limits, write RURAL and give nearest town) y. Baltimore									
	NAME OF HOSPITA OR INSTITUTION PRING GRO	N. (If not in hospital, s VE STATE	•	oddress) PITAL		d. STREET ADDRESS 3702 Sylvan Drive e. 15 RESIDENCE ON A FARM? YES NO [IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED Type or print)	Blar		Middle		Hicks		4. DATE OF DEATH	Mon Jl	ne ine	29 29	Year 19 59
5. SE	X	6 COLOR OR RACE	7 MARE	RIED NEVER MARRIE	В	DATE OF BIRT	н ,	86 96	GE (In years			F UNDER 24 HRS
	male	white	WIDOW		hand .	April 3		76 1	93 yrs.	MONTHS	Days	Hours Min.
10a.	usual occupation during most of works housewill	ing life, even it refired	done 10b.	KIND OF BUSINESS OF	INDUSTI		yland		γ}		S.	WHAT COUNTR
13. F.	ATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
	Unknown	n				Unk	nown					
15. V	VAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INF	ORMANT			Addi	ress		
\ 'Ū:	nknown (If yes, give wor or dates of s	ervice!	Unknown	R	cords:	SPRE	NG GRO	VE STA	ATE H	HOSP:	ITAL
	IS CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTER	VAL BETWEEN
	PART I. DEAT	M WAS CAUSED BY IMMEDIATE CAUSE (c	Dec	ompensatory	hea	rt dise	ease				ONSE	T AND DEATH
	4343	DUE TO									1	
1 1	Conditions, if on	v. which) a	. Adh	erent perio	ardi	um – ca	use u	laknown				
	gave rise to in	mediate Our 70	1								1	
	cause (a), stating t lying cause tast.	he <u>under:</u> (c										
Z	Part II. OTH			CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	VAL DISEASE CO	NDITION GIV	EN IN PART	1(0) 19	WAS AUTOPSY
YTY.				ephritis -								PERFORMED?
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	-	CRIBE HOW INJURY OC								
3 2	Oc. TIME OF INJURY	Month, Day, Ye	or 20d, II	NJURY OCCURRED :	ROe. PLAC	E OF INJURY (Home, form,	20f (City or t	owni	IC	ounly)	(State)
MEDICAL	Hour o.m.	19	While of wor	Not white	facto	ry, street, office	bldg., etc.)			,-	,,,	(51-1-)
					1	٦6 ٢٥	>	Tune 2	0 50			
				ed from Apr		16 19 59	, la	ome z	Z., 19 <u>22</u>	.,that I I	ast sav	v the decease
	alive anJu	- AZ	, 19_2	2, and that	death a	ccurred al-					e date	
	ACTUAL BIGNATURE	silla t	iac	the like	M.	spri		ROVE S		HOSPI!	[AL	6-30-59
	PHYSICIAN'S S'NAME (Type) S'	tella Wach	sler,	M. D.		Cato	nsvil	le 28,	Marylar	nd		
220.	BURIAL CREMATION REMOVAL (Specify) BUT LA 1	7/2/59)F	22c. NAME OF CEME				22d. LOCATION	altimo		Md.	(Slote)
23. 5	DNERAL DIRECTOR'S		12:	ADDRESS	93		240. REC'D	BY REGISTRAR	24b REGIS	TRAR'S SIG	MATURE	
70	ung Byer	0.87280	tibes	ty Rd. Har	talk,	lown,	DATE []	L 6 '59	C.	Than 8	Kana	
						14.4	7					

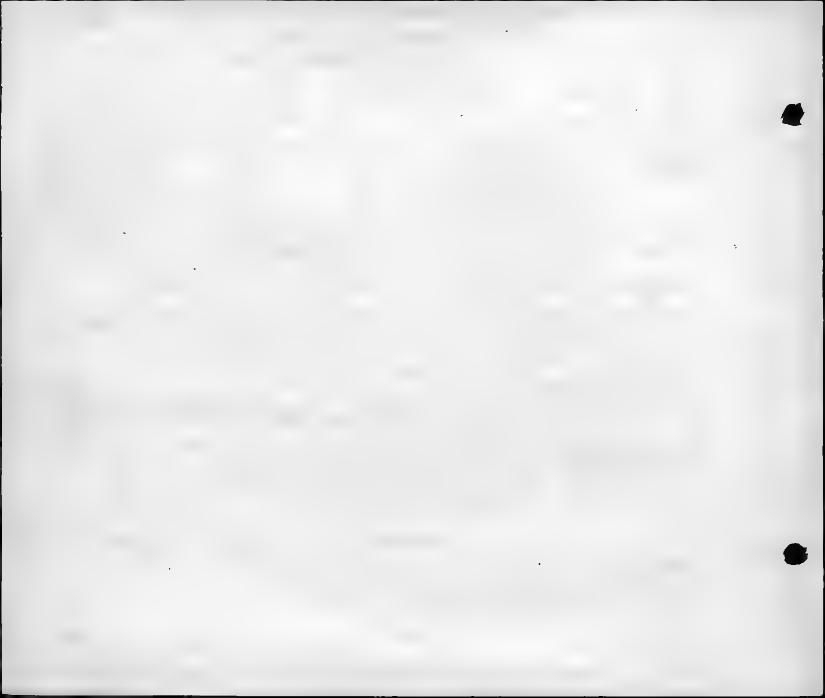


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VS A15 (4) TSM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116454 Rea. Dist. No.

2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) c. CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 4 Month Year 5 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? Address AME INTERVAL SETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 2 (County) (State) , 1955 Lithat I last saw the deceased .M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 220 BURJAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, town, or county) (Stole) mor 23 FUNERAL DIRECTORS SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Outher & Thousa



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e. COUNTY files Health, Baltimore **b** COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN I'll outs de corporate limits, wire RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) * Dundalk 22 Dundalk 22 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS e 15 RESIDENCE ON A FARM? X 2182 Keyway 2482 Кеумау YES 🗍 NO ⋤ 3. NAME OF 4. DATE First M-ddle DECEASED (Type or print) HENRY HUBER, JR. +++ DEATH June 25th. 19 59 5. SEX 6 COLOR OR RACE 7 MARRIED TONEYER MARRIED TO B DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS moy l with Months Hours male WIDOWED [7] 66 DIVORCED [7] fer deaf Poge 1 180. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) poges 1'a Telephone Mfg. Banbury Operator Baltimore, Maryland USA P.M.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Huber, Sr. Mary Ruppert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address If as, no, as unknown? Mrs. Anna S. Huber no same as 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c) INTERVAL BETWEEN ORSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse? DUE TO (o) sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? NO 🕮 20b. DESCRIBE HOWNSTURY OCCURRED (Enter noture of injury in Port 4 or Part II of item 18) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20d INJURY OCCURRED 200 (ACE OF INJURY (Home, form, 20) (City or fown) 20c. TIME OF INJURY Month Day Year (County) (Stote) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 🗍, Inquiry 🗍, and in my DIRECTOR: opinion death resulted from Natural couses . Accident . Suicide , Homicide , Undetermined manner ACTUAL esignated DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE xecute the coshould be f ASSISTANT MEDICAL EXAMINER 26/59 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Melvin B. Davis, M. D. 220. BURIAL, CREMATION, 1226, DATE THEREOF 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4 0 Baltimore Co. Maryland Buris Holv Redeemer 23 FUNERAL PRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 2 9 '59 Dundalk 22 arthur S. Kraus 5M 2757



requires that the death certificate be



within 72 hours after death. After this figured director, the third copy of this

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TO FUNERAL DIRECTOR: The faw requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M -

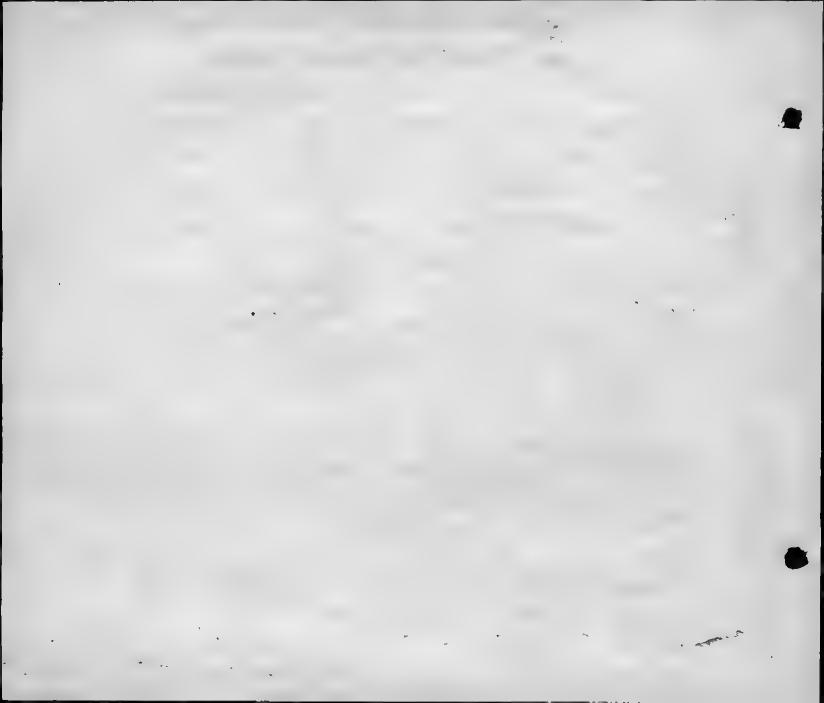
after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06457

6468 CERTIFICATE OF DEATH

	Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BRELLINGER MARYLAND	D STATE Massisland COUNTY St. Missis.
City (If outside corporata limits, writa RURAL LENGTH OF ST. OR and give nearest town) (in this place)	OR OR
TOWN 4-C/L	ers Town Muchanicsvilles.
HOSPITAL OR INSTITUTION OR '244 7/	STREET (If rurel give location) ADDRESS
STREET ADDRESS // Letce; billa / fletenigh	HIKE
3. NAME OF (Fight) (Middle)	4. DATE (Month) (Day) (Year)
(Type or Print) Exselle Elizabeth	Jarvine, DEATH June 23 1959
RACE . // WIDOWED, DIVORCED.	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
E W (Specify) WIDOWED	Mort 21, 1895 63 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ratired) Houseverfe	Makes Eand Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVId DAWSON	MARY M. MALLY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or dates of service]	01/2/0/2
(Yes, no, or unk.) (If Yes, give wer or dates of service)	E PALLE JARBOE, 530 TALNUNGETH AVE.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
L' IMMEDIATE CAUSE (A) ENCEPH	ALOMALACIA 6240
DUS TO	
DISEASES OR CONDITIONS, IF ANY, (8) HRTERIOS	CLEROTIC CARDIOVASCULARDIS ?
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 📝
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) [Day] (Year) (Hour) 21e, INJURY OCCURRED	D 216, HOW DID INJURY OCCUR?
While Not while	
	B. 1.41 , 19.5.5 , 10 JUN 33 , 19.5.7 , that I last saw the deceased
alive on. Ven 23, 19 9 , and that death occi	urred at J. P. M, from the causes and on the date stated above.
SIGNATURE) 5	urred at MATTER A MM, from the causes and on the date stated above. ADDRESS (Sirest, city, town, state) DATE STONEY
Aniaerick J. Jollner M	ND. 6100 YORK BD BAITO-12 NO 6/23/50
	FLERY OR CREMATORY LOCATION (City, town, or county)
BURIAT 6-26-59 S/15	Joseph Morganza Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE AU 2 '59 Circher & Kraus	J.B. Ralingon - Honorthelier



YS A15 [4] 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6469 **CERTIFICATE OF DEATH**

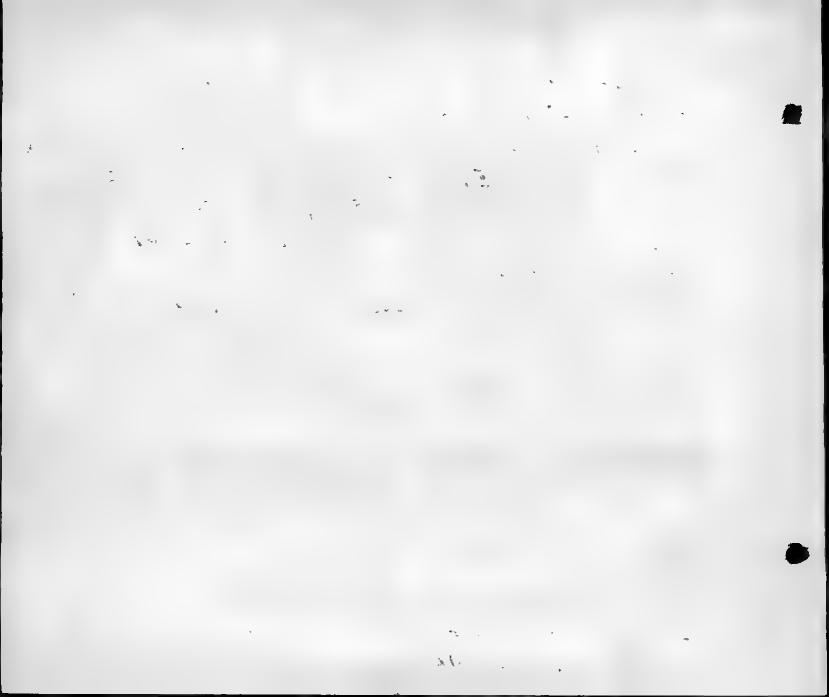
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Circling S. Thousa

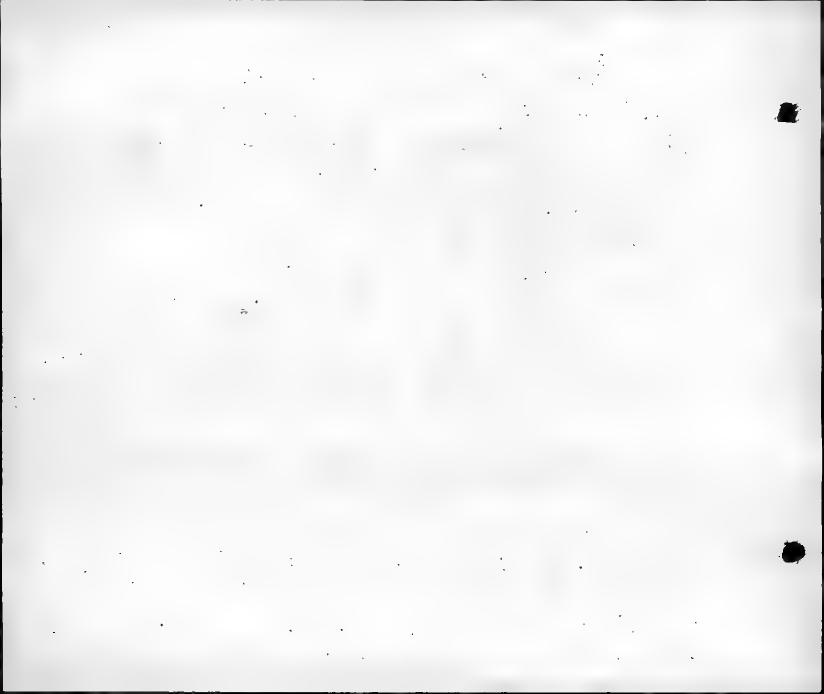
L		Rag, Dist	/. INO.
1,	PLACE OF DEATH G. COUNTY Balto. MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence o. STATE b. COUNTY 3 all	before admission)
	b_CITY OR TOWN (If outside corporate limits write RURAL and give nearest town).	c CLTX OR TOWN (If autside corporale limits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROCKING R.A.	1302 S. Rolling Ra	• IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Parmond Commission	A. DATE Month OF DEATH June	3 1957
5	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER WARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10th KIND OF BUSINESS OR INDU- during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If you, give wor or dofes of varvice)	INFORMANT Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronery Occhini	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, it any, which) (b) Aypertensive	C-V Disease	4+ y.m.
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>		V
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY PERFORMED? YES NO 2-
	20g. ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I or Port II of item 18)	
MEDICAL		LACE OF INJURY (Home, form, 20t. (City or Iown) (Co octory, street, office bidg., etc.)	ounty) (State)
	21. I certify that I attended the deceased from 4/30 alive on 6/3, and that death	h occurred at 5:3017 M, from the causes and an th	
	ACTUAL PROPERTY J.	M.D. 715 Tre-Louis Mel Bult	28 16 6/4/5
L	PHYSICIAN'S NAME (Type)		
22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY COREMAN 6/6/59 Jorgan	OR CREMATORY 22d LOCATION (City, lawn, or caughy)	Stole)
23	PUNERAL DIRECTOR'S SIGNATURE MULTIMON + SON 28	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE



VS. A15ME 5M 2-57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



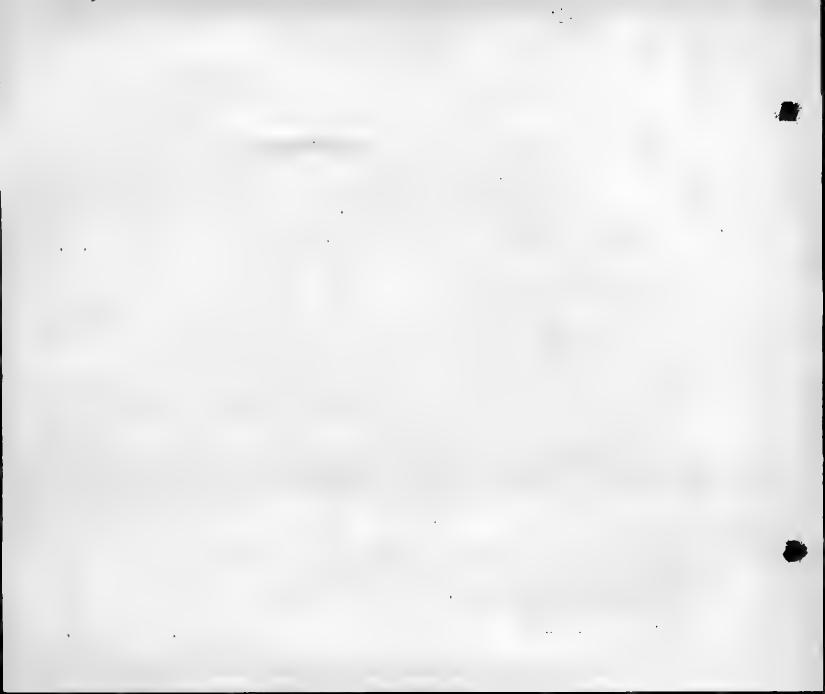
VS A15 (4) 15M 10/57 松

6471 CERTIFICATE OF DEATH

**CONTROL | CERTIFICATE OF DEATH

**CONTROL | CERTIFICATE OF DEATH

										Key. Dis	1. 140.	
	o. COUNTY	Baltimore)	MARYL	- 11	D. STATE	Mary		Inved. If institut b. COUNT		e before admissi	on}
	b CITY OR TOWN (If outside corporate limitenest town)	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	OWN (If or	shide corpore	ote limits, write	RURAL and g	ive nearest town)	
	Catonsv	ille		40yr2mthl2	dys	Bal	timore	3			-i	
	OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d STREET A					e IS RESII	DENCE
	SPRING C	ROVE ST. TE	HO	SPITAL		602 E	llamo	nt St	reet		YES 🗀	
7	NAME OF DECEASED (Type or print)	Elizat	• •	Middle		Kahl		4. DATE OF DEATH	Mo Ji			9 59
	s. SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIE	B F KC	DATE OF BIRTI	4	9	2. AGE (In years		YEAR IF UNDER	
١	female		WIDOW			Jan. 17	. 187	8	last birthdoy)	Months (Doys Hours	Min
ī	00 USUAL OCCUPATI	ON (Give kind of work of	one 10b.	KIND OF BUSINESS OF							ZEN OF WHAT	COUNTRY?
ı	housewo	king life, even if retired)				Ma	rylan	A			TI S A	
Ĭ	3. FATHER'S NAME			·		14 MOTHER S					U. S. A.	A
ı	Honz	v Kahl				Chris	tina 1	Jiess				
ħ	5. WAS DECEASED EVI	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 INFO		OALIGE 1	WTC00	Ade	dress		
ı	Uni-notan	(If yes, give wor or dates of si		nknown	Ros	cords:	SPRII	IC CP	OVE ST	AÆ H	OSPITAL	
F		ATH [Enter only one co		ne for (o), (b), and (c)]		207 017	hard it is inglish	AA OIL	TO TAN	ALL II	INTERVAL BET	WEEN
ı	PART I DEATH WAS CAUSED BY: CORONARY thrombosis									DEATH		
ı	DUE TO											
ı	Arteriosclerotic cardiovascular disease											
ı	gove rise to i	mmediate (· · · · · · · · · · · · · · · · · · ·				-	_
ı	lying couse lost.	the <u>under-</u>		neralized a	rteri	oscler	osis					
l	PART II. QT			ONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. WAS A	UTOPSY
	3										PERFOR YES	MED?
		S UNDERLYING DEATH MEDICAL EXAMINER)	200. DESI	CRIBE HOW INJURY OC	CUKKED (tnier noture o	rinjury in Pi	ort I or Port i	I of item (B.)			
10.000	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Yea	r 20d. It While of work	Not while	Oe. PLACE factor	OF INJURY (I	iome, form, bldg., etc.)	20f. (City o	or town)	(Ca	ounly)	(Stote)
ı	21. I certify that I attended the deceased from Nay 20 , 19 59, to June 12 , 19 59 that I last saw the deceased											
L		June 12, 19		, and that a	leath a			M. from	the couses	and an the	e date state	d above
l		α	10	6 n			A	DORESS (Stre	et, city or town,	stote)		TE SIGNED
ı	ACTUAL	stella.	(40)	achelis	, M.D	SPRI				HOSPIT.	AL 6-12	-59
ŀ	driveres and		_						to the site of the site of the site of the same			
L	PHYSICIAN'S 5	tella Wachs	ler,	M. D.		Cato	nsvil.	le 28,	Maryla	nd		
2	20. BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c NAME OF CEMET	ERY OR C				ON (City, town,		(Stote)	
	REMOVAL (Specify)	6-15-19	59	Loudon 1	ark				imore.		Md.	
2	FUNERAL DIRECTOR			ADDRESS 3267 CLIA	Soulle	(Pro	24a. REC'D	BY REGISTRA		STRAR'S SIGI		
L		th Deron	7	20, 100, 100	1181	- and	DATE THE	v 1 5 '59	9 0	rilur S.	Frank	



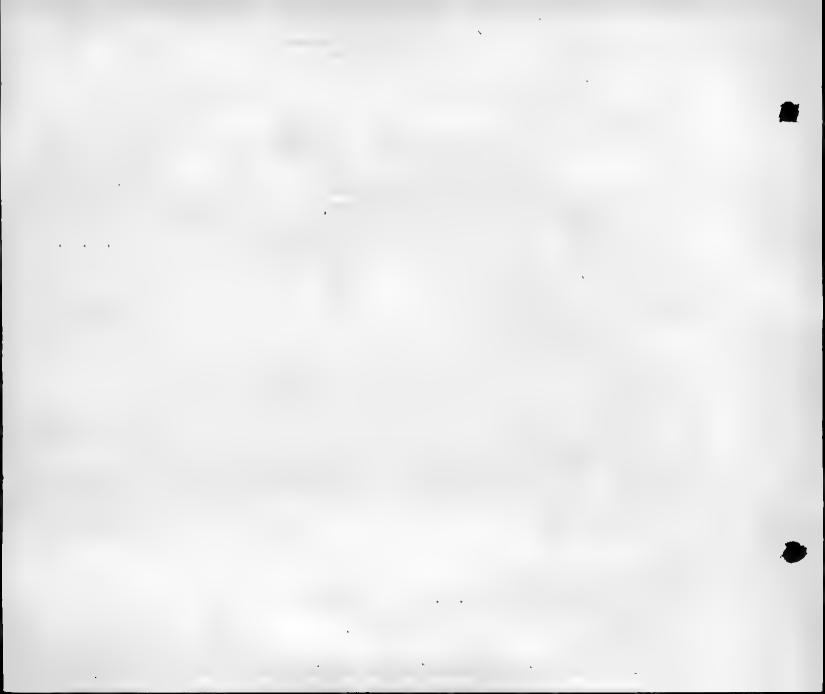
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0150	CERTIFICATE OF DEATH	110
6472	CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	altimore		MARYL	AND	2. USUAL RES o. STATE		yland		f institutio COUNTY	in Resider B	nce before o	idmission)
b. CITY OR TOWN (IF RURAL and give sec Catonsvil	outside carparate limi rest town)	ts, write	28yr6mtn23		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore							
d. NAME OF HOSPITA		uve street		ay b	d. STREET		G		b.		W 2	S RESIDENCE
OR INSTITUTION							345,50					ON A FARM?
	OVE STATE		SPITAL			Junea		ce			Y	ES NO
3. NAME OF DECEASED (Type or print)	(Nettie	-	Mary A.		Keagle	st	4. DATE OF DEATH	1	Mont Ju	ne .	30	Yeor 19 59
5 SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	153	B. DATE OF BIRT	TH		9 AGE (In years			UNDER 24 HRS
female	white	WIDOWI	ED DIVORCE D		Sept.	28, 1	.877	81°	rthdoy) yrs	Months	Doys H	ours Min
100. USUAL OCCUPATION	V (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHP	LACE (State	ar foreign i	country)		12. CII	TIZEN OF V	VHAT COUNTRY
seamstre		'			1	Maryla	nd				U. S.	. A.
13. FATHER'S NAME					14. MOTHER'S							
Henry	H. Keagle	9			Tsal	oell H	ensor	1				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. 10	FORMANT	- Calaba Ar	CHADUL		Addre	ess.		
unich own	yes, gave wer or dates all s	ervice)	Unknown	Re	cords:	SPRIN	G GE	OVE	STAT		OS ITA	NT.
	H [Fotor poly one so	use per lu	ne for (o), (b), and (c).]	1 -10	002404	North different V	- 04	60 4773	OIMI			AL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	n.	rebral vaso	en Tor	m accide	ont					ONSET	AND DEATH
4221	IMMEDIATE CAUSE (o DUE TO		Teblar vasc	шта	r accitue	3110					-	
Conditions, if on	414.4	Λ	teriosclero	+10	o n med i es	era cran I	m dia	20000				
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CATI										IN IN PAK	P	ERFORMED?
	CAUSE OF DEATH	206. DESC	TRIBE HOW INJURY OC	CURRED	. (Enter noture c	of injury in P	'art I or Pa	rt II of item	18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	AJURY OCCURRED 2 Not white of work	0e. PLA faci	CE OF INJURY (lary, street, affic	(Home, form, e bldg., etc.	20f (Cir	y or tawn)		(4	County)	(State)
21. I certify tha	t attended the	decense	ed from June	29	, 1959	lo	June	30	10 59	thet I	fort reve	the deceosed
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/]	one Vanto					ADORESS (S				ne date :	stated abave. PATE SIGNED
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Burial, CREMATION	7-3-59	F	220 NAME OF CEMET Baltimor				228 LOCA Ba.	TION (City Ltim				(State)
23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		-	24a, REC'D				TRAR'S SIG	GNATURE	
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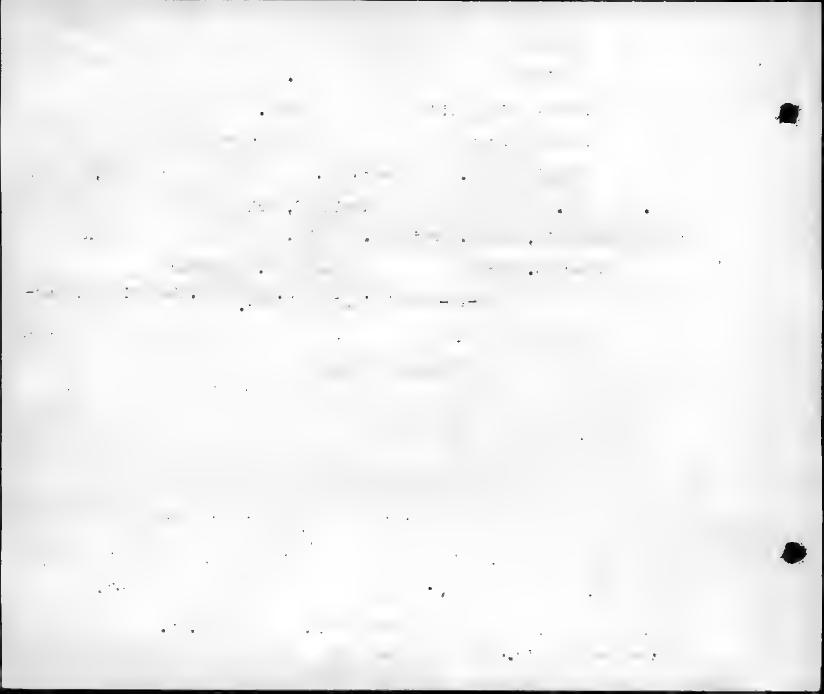


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director led wit	,	1. PLACE OF 6. COUNT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			6473		CERTIFIC	CATE OF D	DEATH	1	R	eg. Dist. No		
		PLACE OF DEATH D. COUNTY	Baltimen	co	MARYLAN	o. STATE	Ma.	ere deceased live	f. If institution, b. COUNTY	Residence before	ore admiss	ion)
		CITY OR TOWN (IF	outside corporate limi	ts, write c. LEN	NGTH OF STAY IN 1	C CITY OR T	rown (If o	utside corporate l	ımıts, write RUR	AL and give ne	arest town	t) V
/			Catensvi		Life	Ji	alte	•	3 Y .	e sylvan		
1	1	d, NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	uve street address	3)	d. STREET A				,	e. 15 RES	FARM?
7			Ridgeway	Manor		4	119 K	dgeweed	1 St		YES [NO
	3.	NAME OF DECEASED	Fir	st _	Middle	Los	ŀ	4. DATE OF	Month		ау	Year
		(Type or print)	Philip	E.		rns Sr.		DEATH	June	2,		19 59
	5 5	SEX	6. COLOR OR RACE	20	_		Н —	- lo	st birthdoy) N	UNDER I YEAR	Hours	Min.
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	13.	FATHER'S NAME				14. MOTHER'S						
,].	dward D.H	cerns		Lav	ira N	[.Vegel	ang			
	15 (Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16 SOCIAL PROPERTY NAMED IN COLUMN (CES) 16 SOCIAL PROPERTY (CES)	8-3147 N	r.Philit	E.K		.1241	Via D	el N	lar-
		18. CAUSE OF DEA	TH [Enter only one co	use per line for (o), (b), and (c).)					INT	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cramia									30	est Ri	
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		Conditions, if or		, //	plulis_	Chrone					G V	δ.
		gove rise to in couse (o), stating I lying couse last.		~ (Ux	mer un	diagnose	d, i	t. Ridu	ay		1 40	an
	<u>v</u>	PART II OTH	ER SIGNIF CANACON	DITIONS CONTRI	BUTING TO DEATH			NAL DISEASE COI	VIDITION GIVEN	IN PART 1(0)	19. WAS	AUTOPSY RMED?
)	CATION		Lourblin	lio, ge	pullarany	ed, seux	عرد.					NO 🗌
	CERTIF!	20% ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	IOW INJURY OCCIM	tRED. (Enter noture a	f injury in f	art I or Part II of	item 18.)			
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	WEL	p m.	19		lot while t work							
		21 I certify the	at I attended the	deceased fro	z-1	, 195	, to	Jue 2	19 59 th	at I last sa	w the d	eceasea
		alive on	June Z	1959	_, and that dec	ith occurred at	12.25	M, fram the	causes and			
			10 2	101.	Ο.	Ţ	:M	ADDRESS (Street,	city or town, yo	F 6	PAT	E SIGNED
i		ACTUAL SIGNATURE	Solly 1.X	10000	स्य	M.D.	भर	of Kame	71)4005	oal	(a)	45
/		PHYSICIAN'S NAME (Type)	JOHN F	3	HAEFE	8	C	Jacto.	29	Mid.		
	220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC)F 22c I	NAME OF CEMETER	OR CREMATORY		22d. LOCATION	(City, town, or o	ounty)	(Stat	e)
		Burial	6/5/59			ral Cem.		Balt	.Md.			
	23.	FUNERAL DIRECTOR'S			DDRESS		24a. REC'I	D BY REGISTRAR	24b REGISTR	AR'S SIGNATU	JRE	
	171	TANKS LA	neral Dir	L. TOTE	Edmond 8	II VAC	DATE BIN	N E 150	0.11	0 4		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06463 6474 **CERTIFICATE OF DEATH** Reg. Dist. No. director, led with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission n. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYT AND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest lown) 12 DAYS ABTNGDON FORT HOWARD d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS E IS RESIDENCE OR INSTITUTION ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES IT NO NAME OF DECEASED Middle 4. DATE ALLEN S KIRKWOOD JUNE 3.0 ely fille Poges (Type or print) DEATH 10 5 SEX 6 COLOR OR RACE MARRIED NEVER MARRIED KI B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Dovs MARCH 21, 1891 MATE MERMIN WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OF INDUSTRY during most of working life, even if retired)

AURILUULIURE 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY deo JARRETTSVILLE. MARYLAND U.S.A. GRAIN INSPECTOR (RETURNED) after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWIN C. KERKWOOD MARY BELL BEVARD IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CLIN REC YES VET ADM HOSP FORT HOWARD MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ARTERIOSCLEROTIC HEART DISEASE **DUE TO** Canditions, if ony, which gave tise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? DIABETES MELLITUS: CHRONIC BEAIN SYNDROME: ARTERTOSCIEROSTS YES T NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d INTURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while at work of work p. m. , 19 59, to June 10, 19 59 happing appropriate 21. I certify that Aattended the deceased from May 29. detached xxxxxxxxxxx, and that death accurred at 4:30 DM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) FUNERAL PIJANONSKI. (MADONNA) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION TO WIND OF COUNTY V 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) June 13.1959 BETHEL PRESBYTERIAN CHURCH HARFORD COUNTY, MARYLAND 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Abingdon, Maryland VS A15 (4) aring S. Krous 15M 10/57 H.K. McCOMAS FUNERAL HOME, ABINGDON, MARYLAND



15M 9/58



6476 CERTIFICATE OF DEATH

			Reg. D	ist. No.
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Baltimore MARY	LAND	STATE Mary	Land county Ba	ltimore
	OF STAY s place)	CITY (If outside corpor	ate limits, write RURAL end give	neerest lown)
	yrs		sterstown	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give locati	on)
street Address Berryman's Lane		Berry	yman's Land	
3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Frederick William	Korr	nan	DEATH Jun	e 21 1,959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE C		. AGE lest birthday V IF UN	IDER 1 YEAR IF UNDER 24 HRS.
(Specify) M		9 1877	SI yrs.	ns Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	ESS	II. BIRTHPLACE (Stelle or foreig	n country)	12. CITIZEN OF WHAT
relired) Farmer Farm owne	r	Maryland		USA .
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	· · · · · ·	
Peter Korman		Christ	tine Wallace	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SI (Yas, no, or unk.) (If Yes, give war or detes of service)	ECURITY NO.	17, INFORMANT & A	DDRESS	
No No	nv	George W I	Corman Reist	erstown Md
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	EDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebral	Hemory	hace		30 min.
ANTECEDENT CALLEGE DUE TO				Jo man.
DISEASES OR CONDITIONS, IF ANY, IN Arteriose	cleroti	c C-V Diseas	8	5 yrs.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	9			
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATI				20. AUTOPSY?
no none				YES NO X
216. ACCIDENT WAS UNDERLYING 216 PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OR INJURY street, office bidg., (If ETHER, NOTIFY MEDICAL EXAMINER) IN-OTTO 11 6	ory, atc.)	TIE. WHERE DID INJURY OCCUR	? (City or fown) {	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OC White	CURRED Not while	211. HOW DID INJURY OCCUR	?	
	it work LIP			
22. I hereby certify that I attended the deceased from,	12-3-	144 19 to 6-2	1-59, 19, tha	It I last saw the deceased
alive on 6-17-59, 19, and that deat	h occurred at	9. P. M. from the ca	suses and on the date si	tated above.
SIGNATURE		ADDR	ESS (Street, city, lown, stelle)	DATE SIGNED
D. D. Gafface	M.D. D	nanover na.,		1, Md. 6-23-59
REMOVAL (SPECIFY)	F CEMETERY OR		LOCATION (City, lown, or co	, , , , , , , , , , , , , , , , , , , ,
10 date 27 17 M	1 Sain	ts Cemetery	Reistestown	Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE COLUMN 2 5 '59 COLUMN 2. Thomas		25. FUNERAL DIRECTOR'S S	IGNATURE $_{_3}$ Relst	rangem Fd
DATE JUN 25 JS		Unz Brrym	an + some,	



Reg. Dist. No.

PARCE OF DRATH O. COUNT St. T. P. T. T. T. T. T. T.				
BUILD CONN (If our de capocate limit, write RURAL and give recent lown) STATE ADMESS A NAME OF CONTROL (If no in braighoil, give street address) A NAME OF CONTROL (If no in braighoil) A NAME OF CONTROL (If no in braighoil) A NAME OF CONTROL (If no in braighoil) A NAME OF	┲	A G. COUNTY AS		
A STREET ADDRESS C. ST		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TO RURAL and give nearest lown)	WN (If outside corporate limits, write RURAL and g	
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MAME OF OR Mode Color or race P. MARSHED NEVER MARRIED B DATE OF DIETH DOY Year DOY		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADD	DRESS	e. IS RESIDENCE
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DIVORCED DIV		DECEASED) OF	2 61 20
DIVORCED DIV	\$.	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
13. FATHE'S NAME	1/2		-1863 76 m	
13. FATHER'S NAME CONTROL LHUTER BACH 14. MOTHER'S MAIDEN NAME CONTROL WAS DECEASED EVER IN U. S. ANAED FORCES? IVEN TO OF WINDSHIP MAINT BILL CAUSE OF DEATH [INTERVAL BETWEEN ONSET AND DEATH Address WIRL CARDNER 1+ 1/4 L - 5C2 / HATTHER LEGISTA INTERVAL BETWEEN ONSET AND DEATH ONSET AND DE	100	during most of working life, even if retired)	The state of the s	
15. WAS DISCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for [0], [b], and [c]] 18. CAUSE OF DEATH [Enter only one couse per line for [0], [b], and [c]] 19. PART I. DEATH WAS CAUSE BY: 19. IMMEDIATE CAUSE (c) 10. Conditions, if ony, which gave rise to immediate couse [c], using the unified couse [c], using th	1		276000	J. 4.
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		CONRAD LAUTERBACH		
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. (City or town) (County) (Stole)	2	Cell I		PERFORMED?
21. I certify that I attended the deceased from		U [IF EITHER, NOTIFY MEDICAL EXAMINER)	njury in Port I or Part II of Item 18)	
21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 22. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 24. I certify that I attended the deceased from. 25. I certify that I attended the deceased from. 26. I certify that I attended the deceased from. 27. I certify that I attended the deceased from. 28. I certify that I attended the deceased from. 28. I certify that I attended the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 21. I certify that I last saw the deceased from. 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sir	3	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Ho	me, form, 20f. (City or town) (Co	ounty) (Slote)
21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 22. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 24. I certify that I attended the deceased from. 25. I certify that I attended the deceased from. 26. I certify that I attended the deceased from. 27. I certify that I attended the deceased from. 28. I certify that I attended the deceased from. 28. I certify that I attended the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 20. I certify that I last saw the deceased from. 21. I certify that I last saw the deceased from. 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.M. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sireet, city or town, stote) 22. A.D. fram the causes and on the date stated above ADDRESS (Sir	AED A	Hour a. m. While Not while toctory, street, office by	ldg., etc.)	
alive an			10 Tym- 1059 1111	
ACTUAL William W. Typen M.D. / Lengs ville Md (6-30-59) PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PARK VILLE MI) 230. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D 84 REGISTRAR 24b. REGISTRAR'S SIGNATURE	ŀ	in Co many		
ACTUAL SIGNATURE William a Jyan M.D. Kingsvilla Md. 6-30-59 PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) PARK WOO) CEM PARK VILLE MI) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		1.13		
NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOO) CEM PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store) PARK WOOD CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Store)		SIGNATURE William a Jyan M.D. Kin	assille Md	/ ~ -/-
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PARK WOOD CEM PARK VILLE MID 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		NAME (Type)		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220		22d. LOCATION (City, fown, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	1		PARKVILLE	ma
13 - 4 - 150 HIN 2 0 150	23.		4g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	1/2	VILLRICH FUNERALHOME 4/210 BELDIR O	ATE JUN 3 0 '59 arklur &	Krous

oth. Page 4

may be retained by the haspital or attending physician.

FO FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haye-other death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VS A1S (4) 1SM 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6478 **CERTIFICATE OF DEATH**

06467

		CERTIFICA	AIL OF DEA	A111		Reg. Dist. No.	
1. PLACE OF DEATH . COUNTY Balto.		MARYLAND	2. USUAL RESIDENCE o. STATE Md.	•	d lived. If institution: b. COUNTY	Residence before Balto	
RURAL and give no	_	c. LENGTH OF STAY IN 16			rate limits, write RUR	AL and give neare	st town)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give street	pddress)	d. STREET ADDR			e.	IS RESIDENCE
	the Pinas - Fus	ting Ave.	613 Ply	mouth Rd			YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Yeor
(Type or print)	ISABELLE 6. COLOR OR RACE 7 MARK	BAVIY LEFT	B. DATE OF BIRTH	DEATH	June		19 5 UNDER 24 H
female	white wow			370			fours Min
00. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU				12 CITIZEN OF	WHAT COUN
			Md.				
3. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
Wn. L. Ba				th Wales			,
	R IN U. S. ARMED FORCES? 16.		NFORMANT		Address		
In course or or a	TH [Enter only one couse per lin		ss Amelie	Louise L	efranc-619		AL BETWEEN
Canditions, if as gave rise to in couse (a), stating lying couse last.	mmediate (Restau	cour d	cineal			gra
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIVEN		WAS AUTOP PERFORMED? PES NO
	S UNDERLYING 206 DESC CAUSE OF DEATH MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D (Enter nature of inju	iry in Port I or Par	t II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year 20d. It While at worl	Not while for	ACE OF INJURY (Home story, street, office bldg	e, form, 20f. (City g., etc.)	or lawn)	(County)	(Sto
21. I certify the alive on	at Lattended the decease	od from 3 Sau	accurred at		the causes and	that I last saw d on the date	
ACTUAL SIGNATUR	nil H. Her	may &1	M.D. 601 W		reet, city or town, sta		DATE SIG
PHYSICIAN'S F	MIL H HEN	WINE JRI	MD Bal	The 29	and med		0
PUPIAL CREMATION REMOVAL (Specify)	7/1/59	22c NAME OF CEMETERY OF		22d. LOCAT	ION (City, town, or o		(Stole)
3. FUNERAL DIRECTOR		ADDRESS /	7	REC'D BY REGIST	Woodlawi RAR 246 REGISTR	AR'S SIGNATURE	
Mars. 4	Vickuer	7 xous-la	54 (77)	en 1 '59		S. Firms	

TO HOSPITAL OR A MINDING PHYSICIAN: The law requires that the death certificate be executed with may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 10/57

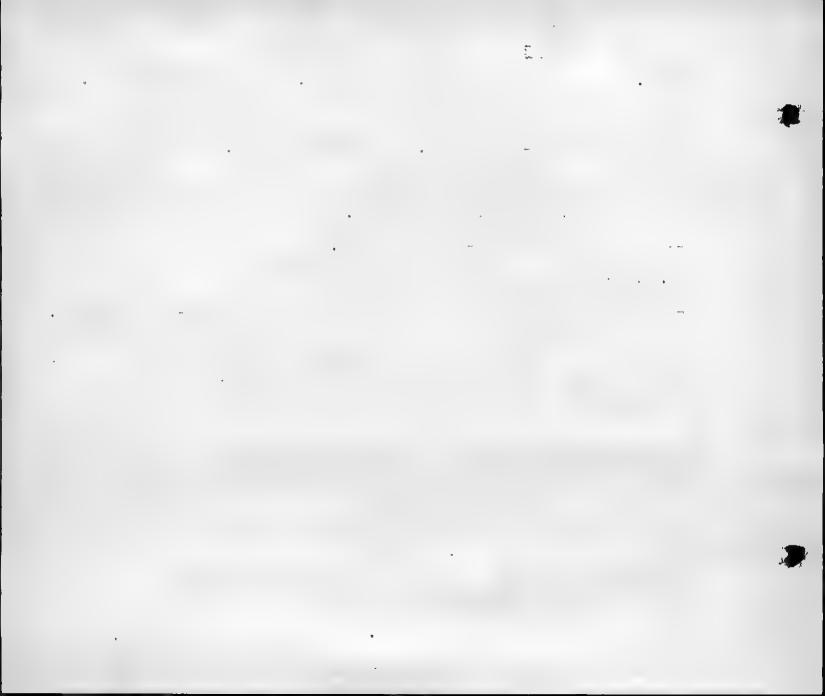
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e haspital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the Tuheral director.

The above carbon papers. Pages I and 2 should be filled with

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 116468 6479 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) n. COUNTY Q. STATE **b.** COUNTY MARYLAND Balto. Balto. b. CITY OR TOWN (if outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Ridgeway Manor Nursing Home Blakenev Rd. YES TO NOT puo 3. NAME OF First 4. DATE Middle Lost Year DECEASED June 27. LIORENS ALTOR VIRGINIA (Type or print) DEATH 10 6. COLOR OR RACE 7 MIRRIED DINEVER THANKS THE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Female Whi te WIDOWED X DEPOSITOR OF THE 75 yrs. popers. June 1. 1884 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) home Retired Housewife Md13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah --Robert Richardson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes on or unknown) If yes, give war or dates at service! Mrs. Marian Kelly - 270 Blakeney Rd., Catonsville no CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which permit. gave rise to immediate DUE TO cause (a), stating the underlying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. Day, Year 20e. PLACE OF INJURY (Hame, form, 20f (City or tawn) factory, street, office bldg., etc.) 20d. INJURY OCCURRED (County) (Stote) Hour a.m. While Not while of work of work p. m. 21. I certify that A attended the deceased from that I last saw the deceased alive on and that death accurred at M, fram the causes and an the date stated above ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER, c) 220. BURIAL CREMATION. 27b. DATE THEREOF 22d LOCATION [City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY **⊕60**■ REMOVAL (Specify) Balto. Buri al /30/ oudon Park Cem. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADORESS 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arthur & Tirace VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6480 CERTIFICATE OF DEATH Rea, Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY p. STATE **b.** COUNTY MARYLAND 20224 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY-IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO 🗍 € NAME OF Middle 4. DATE Last DECEASED LOSOVER (Type or print) DEATH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH last birthday) Months Days DIVORCED IT comple yrs. papers 10a. USJAL OCCUPATION (Give kind of work done during mast of warking life, even if retired)

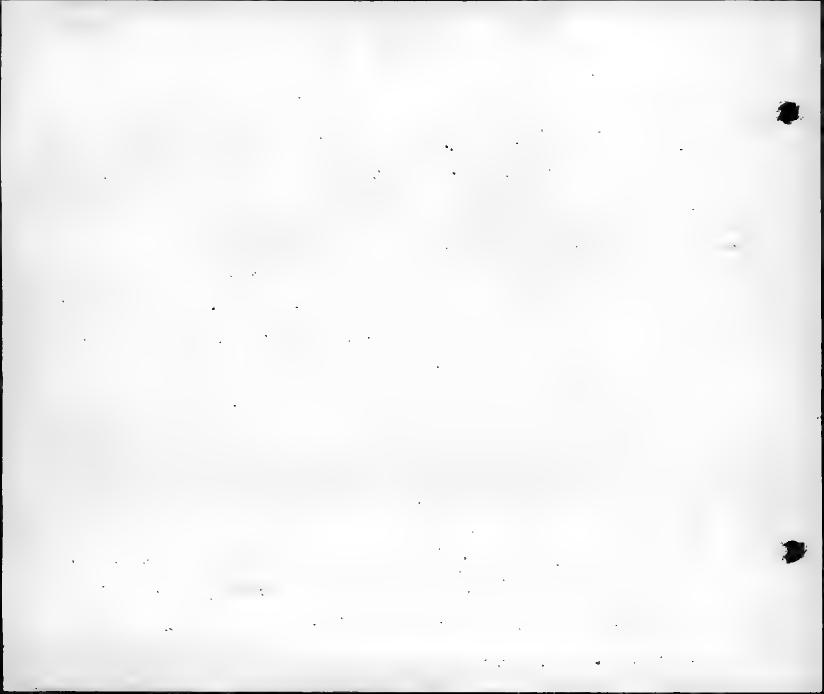
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote ar fareign country) 12. CITIZEN OF WHAT COUNTRY? pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate mave . IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, eive war or dates of service) aftending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.1 **DUE TO** requires that Conditions, if only, which been signed gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. **burial-transit** PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AU PERFORMED YES NO T 20a ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) centrificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) factory, street, affice bldg , etc.) a. m While Nat while 19 of work of work 21 I certify that tended the deceased from That I last saw the deceased that death accurred at. alive on fram the causes and an the date stated above. FÜNERAL DIRECTOR: age 3 shauld be detac ADDRESS-(Street, city or town, state) **ACTUAL** priar SIGNATURE PHYSICIAN'S the registrar NAME (Type) BURIAL CREMATION. 22d. LOCATION (City, lows, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slole) abod REMOVAL (Specify) 9 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR

VS A1S (4) 1SM 9/m

Year

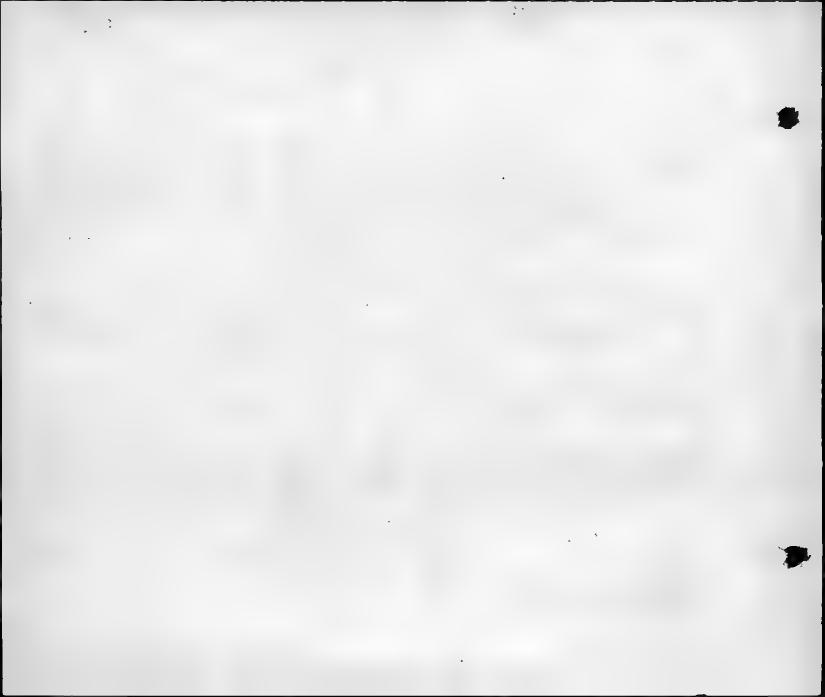
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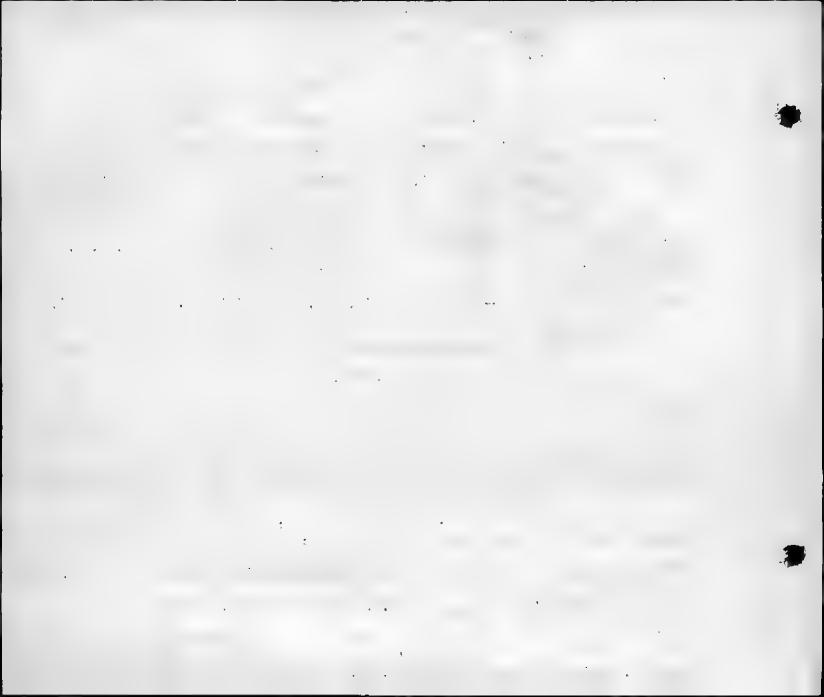


MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
6481	CERTIFICATE	OF DEATH	

L	0101	CERTITICA	IL OI DEATH	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Where deceased lived a. STATEMARYLAND	If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) BALTIMORE	2. LENGTH OF STAY IN 16 3 YEARS	c. CITY OR TOWN (If outside carporale li	mits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street or institution RIDGEWAY MANOR NUR	oddress) SING HOME	d. STREET ADDRESS 510 WILSON AVENU	e. IS RESIDENCE ON A FARMY YES NO
	NAME OF DECEASED (Type or print) MARIA J.	LUOTO Middle	Last 4 DATE OF DEATH	JUNE 19,1939 Yeor
	female white widow	ED DIVORCED	MACH 22,1880 79	
1	0a. USUAL OCCUPATION (Give kind of work done libb. during nost of working life, even if retired) A		11. BIRTHPLACE (State or foreign country) FINLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A
1	3. FATHER'S NAME UNKNOWN W	iita	14. MOTHER'S MAIDEN NAME UNKNOWN	
3	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown] [If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, INF	ormant R. ANDY LUOTO 510	WILSON AVE, BALTO2
	PART I. DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under- lying cause lost. [c]	Cremery	arteris occlor-	INTERVAL BETWEEN ONSET AND DEATH
	20- ACCIDENT WAS INDEDIVING FT. 20h DEC		OT RELATED TO THE TERMINAL DISEASE CON (Enter noture of injury in Port 1 or Part II of	IDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO I
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f. (City or torty, street, office bldg., etc.)	
	21. I certify that I attended the decease alive an 194 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)			causes and an the date stated above
2	20. BURIAL (SPENATION, 226. DATE THEREOF BURIAL (Specify) BURIAL JUNE 21,5	OAK LAWN		City, town, or county) (State) IMORE MARYLAND
2		ADDRESS INC.	240 REC'D BY REGISTRAR DATEUN 2 2 '59	24b. REGISTRAR'S SIGNATURE



certificole



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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs aft

TO HOSPITAL OR

VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6483 CERTIFICATE OF DEATH

06472

Reg. Dist. No.

1.	PLACE OF DEATH				- 11	USUAL RESIDENCE	CE (Where	deceased h		on: Residence	before ad	mission)
Baltimore MARYLAND				AND	o STATE Balto.							
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
					rs 🛝							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			(/ d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
L	6719 Roberts Avenue				6719 Roberts Ave.							
3.	NAME OF DECEASED	First		Middle		Lost	4.	. DATE OF	Mon	th	Day	Yeor
	(Type or print)	William		UN.		<u>Marti</u>	n	DEATH	6		28	19.59
5.	SEX	6. COLOR OR RACE 7 MAR		RIED 🗌 NEVER MARRIED 🔲 📙		ATE OF BIRTH		9	AGE (In years lost birthday)	-	YEAR IF U	NDER 24 HRS
	Male	White	WIDOWI	DIVORCED	ים ד	1-16-1	877		81 7"	Months	ays no	urs Min
10	o. USUAL OCCUPATION	N (Give kind of work of life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE	(State or I	foreign cour	niry)	12 CITIZ	EN OF W	HAT COUNTRY
L	Laborer			ubberoid	Co.	Euro	pe			U.	S.A.	
13	. FATHER'S NAME				1	I. MOTHER'S MA	IDEN NAM	WE				
	UN. Mar	rtin				UN.						
15	WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFO				Add	ress		
ľ	No	yes, give war or agree or a	2	17-18-950	4 A]	ice Li	stop	ad -	6719	Rober	ts A	ve. #2
F		H [Enter only one co	use per lii	ne for (a), (b), and (c)		1	0/		1.		INTERVA	L BETWEEN
	PART I DEATH WAS CAUSED BY: ONSET AND DEATH											
	Condition if any which)											
	gove rise to immediate											
	cause (a), stoting the under-											
z	lying couse lost. (c)											
ΙĘ	7200 11 01111	K 3101111 COIV	D1110143 7	CONTRIBUTION TO DEA	10 101 110	KEGNED TO THE	L I EKIMITAN	IL DIDENGE (CONDITION ON	EM IM LWKI	PE	RFORMED?
5	DO. ACCIDENT MAKE	un tocal vario [7]	201 DEC	COURT HOME INCHOSE OF	20110000 45		1 6 4	A 1 B 11	-C2		YES	NO 🗆
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
3	20c TIME OF INJURY	Month, Day, Yes	or 20d II	NJURY OCCURRED	20e. PLACE	OF INJURY (Hom	e, form,	20f (City o	r łown)	{Co	untyj	(Stote)
MEDICAL	Hour o. m.	Hour o. m. Yhite Not white factory, street, office bldg., etc.)										
~	p. m. Valvatik Valvatik B											
	21. I certify that I attended the deceased from 1959, to 1959, to 1959, that I last saw the deceased											
	alive on 1997, and that death accurred at 177M, from the causes and on the date stated above.											
	ADDRESS AStreet, kity or tigwn, photo) DATE SIGNED											
	SIGNATURE SIGNATURE 6-29-3											
	PHYSICIAN'S SIC. MACKOWIAK											
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State)								State)				
L	Burial	6-30-59)	Holy Tr	init	v Cemet	ery	Ba	ltimor	e Ma	ryla	and
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				Y REGISTRA	R 245. REGIS	STRAR'S SIGN		
17.	alten Dah	moutolei	7	OOLA - Date	della	ATE OA	reliji. 2	2 '59	Clai	Lun & to	Laure .	

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within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH

06474

Reg. Dist. No.

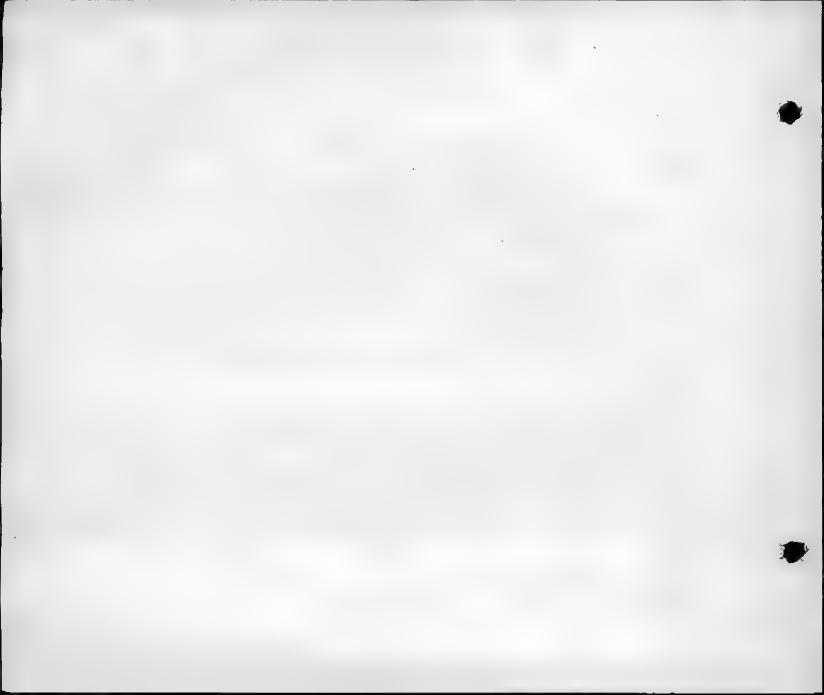
4	
B 1	
	PLACE OF DEATH

×

PLACE OF DEATH o. COUNTY / / -			2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)					
SOTIMORE MARYLAND			. STATE MORY LOND b. COUNTY BOLTIMERE					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, wrste RURAL and give nearest lown)					
	Arkutus	104rs.	Starbuti	SArbutus				
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d STREET ADDRESS	0		e. IS RESIDENCE ON A FARM?		
	1320 Poplar	A11e.	1320 POCK	or AV	E.	YES NO DE		
	NAME OF DECEASED (Type or print) Athan A	Mc Call	Lost 4.	DATE OF DEATH	Month D	19 5 G		
5. :	EX d. COLOR OR RACE 7. MARR	IED A NEVER MARRIED	B DATE OF BIRTH	9. AGE (I	In years IF UNDER I YEAR	IF UNDER 24 HRS		
	note white widows	D DIVORCED	Jan. 12 1884	7.3	yes Months Days	Hours Min		
10a	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
	Foremen Pe	nn. R. K	Virginie		U	5.4		
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE .				
	Unknown		Unknow	210				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT A: A	0 1	Address	1		
	No. 7/	7-67-691650	arah J //i-	Call 13	20 100 31	Asid.		
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c)]				ERVAL BETWEEN		
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MYOC	AKDIKIL	. ////	FAFCILLIA	LEND DEATH		
	Li / DUE TO		•					
	Conditions, if ony, which) (b) C	ONGEST	IVF HEAD	et FA	11111111			
	gove rise to immediate DUE TO							
	lying couse lost. (c)							
ON ON	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINA	L DISEASE CONDIT	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY		
ST	O/ABET.	ESE NI	ELLITH	ک :		PERFORMED? YES NO		
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port	Lor Port II of stem	n 1B.)			
		IJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form,	20f (City or town)	[County]	(Stote)		
MEDICAL	Hour e.m. While of work	Not while fo	ectory, street, office bldg., etc.)		()	()		
-44			4 10 5 %	2.5 ILNE	(9			
	21. I certify that I attended the decease	-9	19.3 0 to 15		192 Lithat I last s			
	alive an	and flight deatl	-7		ouses and an the do			
	ACTUAL //	H. Voal	ed no	DRESS (Street, city of	or joyn, stoles	DATE SIGNED		
	SIGNATURE	market of the second	M.D	1-V	10 may 2 1, 1	189 15 JHAL-5		
	PHYSICIAN'S NAME (Type)					V		
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 224	d. LOCATION (City	town or country	(Stole)		
	REMOVAL (Specify) 6/19/50	Louden For	ck Cemeton	12.14	alle Ma	1. 1.		
23,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'O B	Y REGISTRAR 24	15. REGISTRÁR'S SIGNATU	1/1040 RE		
1	mina fore 1328 l. 11	Interior Land	DATELIN 1	6 '59	arthur S. Krow			

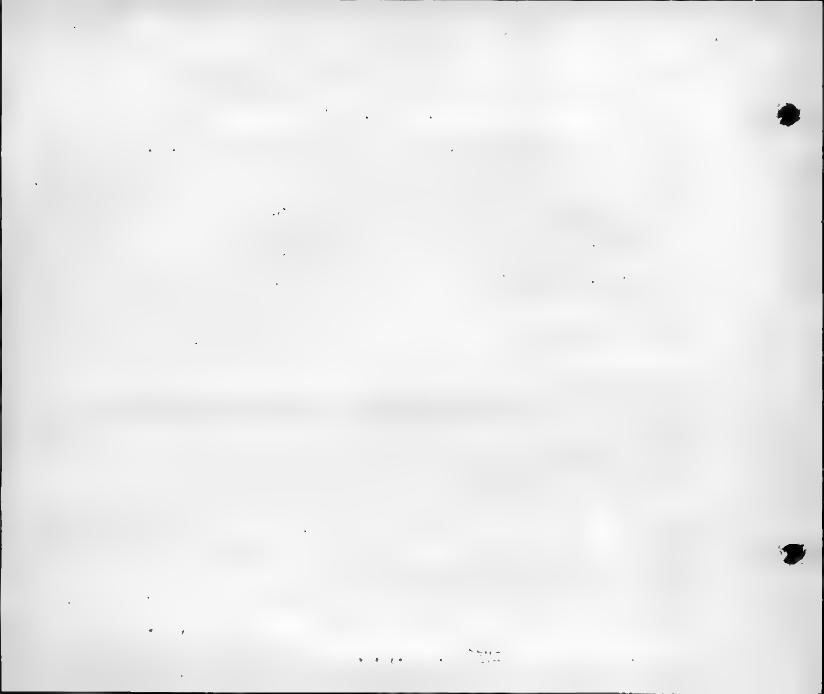
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. oth. Poge 4 NDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs alt TO HOSPITAL OR

VS A15 (4) 15M 10/57



						MENT OF HEALTH		116475
				6485	CERTIFIC	CATE OF DEATH	4	Reg. Dist. No.
	-	F	PLACE OF DEATH			2. USUAL RESIDENCE (WI		an: Residence before admission)
	W.Ft	L	Baltimore		Maryan	Md.	b. COUNTY	Baltimore
		J	b. CITY OR TOWN (If outs RURAL and give nearest	ide corporate limits, write town)	c. LENGTH OF STAY IN 16	X c. CITY OR TOWN (IF o	outside corporate limits, write R	RURAL and give nearest town)
		1	Rockdale			Rockdale		
1		П	d NAME OF HOSPITAL (IF		oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
			8401 Com	rtleigh Rd.		8401 Courtle	aigh Rd.	YES NO
		3	NAME OF DECEASED	First	Middle	Last	4 DATE Mor	nth Day Year
			(Type or print)	ANNIE		McDERMOTT	DEATH Ju	
		1	. SEX 6. C	COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Hours Min
1			female	white WIDOW		June 1, 1869	7 7 24 7 1	Months Days Hours Min.
	1	1	Do. USUAL OCCUPATION (G during most of working to	ive kind of work dane 10b	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
			Housewife		at home	Md		
		- 11	B. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	
		L	Martin Schan			? (unknor	m)	
		- 13	WAS DECEASED EVER IN L	U S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Add	ress
			no		none	Mr. Edward M.	McDermott -	8401 Courtleigh Rd
				Enter only one couse per l				INTERVAL BETWEEN
			PART I. DEATH W	AS CAUSED BY.	ardio - Re	ral Vasent	ar Disease	ONSET AND DEATH
			440X	DUE TO				
		-	Conditions, if ony, w	hich) (b)				
			gove rise to immed couse (a), stating the ye					
			lying couse lost.	(c)				
		Central Carlotte	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	.6							YES NO
			200. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	DERLYING 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Part II of item 1B)	
		- 1	1					
		ACDIC AL	20c. TIME OF INJURY MA	onth, Day, Year 20d. I While		LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (Slote)
		1	р. т.	19 of wor				
		Т	21. I certify that I	attended the deceas	sed from Dec. L	2 , 1957, 10 J	une 17, 195	Zithat I last saw the deceased
		1	alive on tune	19-	52 , and that dea	h occurred at 5 A	_M, from the causes o	and on the date stated above.
			21_	- 51	·		ADDRESS (Street, city or lown,	
		/	SIGNATURE OZO	ME C. Oh	mar	MD. 820 m	edical Arts	Buldery
	·		PHYSICIAN'S GEO	rge E. Sha	nnon M.O.	Ball	imera /	m-/
		2	o. BURIAL, CREMATION, 2		22c. NAME OF CEMETERY	OR OPEN TORY		91.4
			REMOVAL (Specify)	5/13/59			22d LOCATION (City, Iown, o	de en en en
		23	FUNERAL DIRECTION'S SIGN		Loudon Park	//	Baltimore, I	MCL STRAR'S SIGNATURE
	1		Mm. X.	is kener	V Strus - K		IN 1 O ICO	
-	1	B		7.07	7.77	1/1/1/1	- C	Allen 9 K





22¢ NAME OF CEMETERY OR CREMATORY

ADDRESS.

e. IS RESIDENCE ON A FARM? YES NO 14 Year UNE 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO I (County) (Slale) . 19 1 Sthat I last saw the deceased DATE SIGNED 22d. LOCATION (City lown, or county) (Staje) ۵ 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE avilor & Kings

3 should FUNERAL poge 0

VS A15 (4) 15M 10/57 220 BUTTAL CREMATION,

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY O. STATE b. COUNTY Heolth, MARYLAND Bal timore b CITY OR TOWN (I swinde corporate limits wide R JRAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown). 40 Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS tained far State Baard e IS RESIDEN I ON A FARM? YES NO T 509 Yarmouth Rd. Yarmouth NAME OF Stot DATE Middle Month Lost DECEASED OF DEATH (Type or print) CLARENCE **ETOWARD** MEDINGER 59 June 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS fast birthday) Months Days Haurs Min. WIDOWED R DIVORCED T 81 7 187 white male 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? and Retired (Salesman) Tea Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bod Henry Medinger Mamie Willis form I 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, er unknown) (If yes, give war or dates of terrice) 216-07-8685 Mr. Irwin D. Medinger - 509 Yarmouth Rd. no C 18. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hodod, ods **DUE TO** Conditions, if any, which] gave rise to immediate couse **DUE TO** (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD, WAS AUTOPSY PERFORMED? YES 🗍 No F 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, office bldg , etc } Not while 6. m al work at wark p.m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry [forworded to DIRECTOR: 1 apinion death resulted from: Natural causes 19. Accident 11. Suicide . Homicide . Undetermined manner should be forword FUNERAL DIRECT Its designoted of DATE SIGNEO ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE-ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'** DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) 226 BURIAL CREMATION. OR CREMATORY REMOVAL (Specify) Burial Baltimore, Md. ø Balto Cem-23. FUREEAL DIRECTOR'S ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15ME DAMUN 2 2 '59 Cirling & House



VS A15 (4) II5M 10/57

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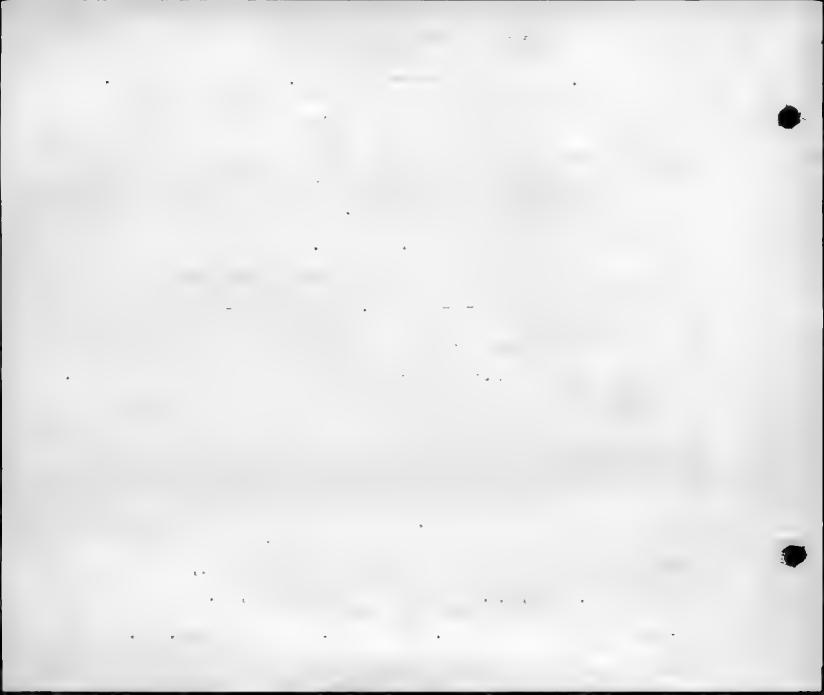
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6489 CERTIFICATE OF DEATH

06479

Reg. Dist. No.

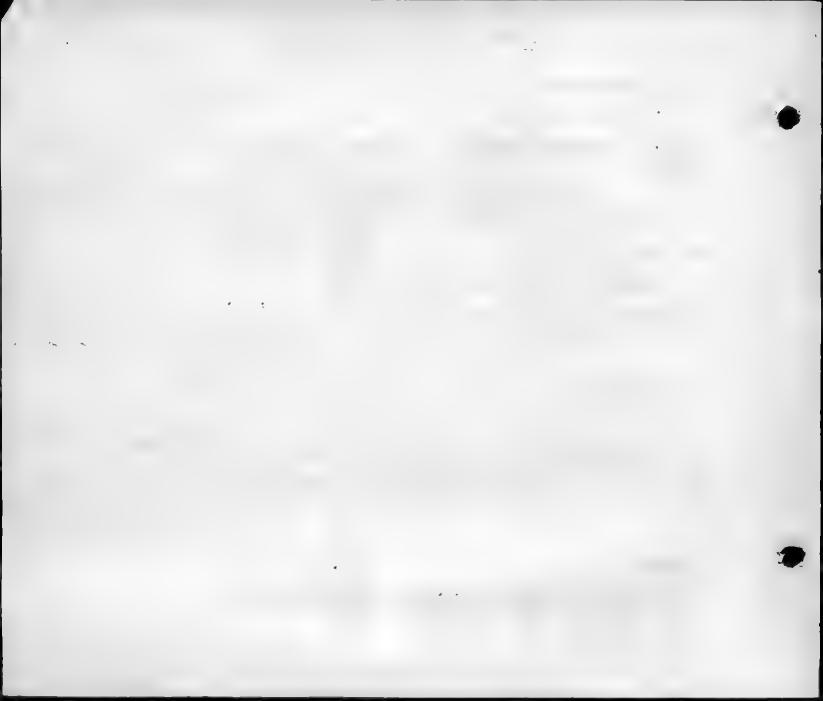
Balto	Į.	PLACE OF DEATH							DENCE (Whe	re deceased	lived. If institut		ce before a	dmission)
Catonsville	1/	a. COUNTY BE	alto.		MAR	(LAND	0.	STATE	Md.		b. COUNTY	Bal	to.	
OR INSTITUTION SOI Laurel Hill Lane SOI Laurel Hill Lane SOI Laurel Hill Lane SON A RABBO POCECASED IN NO DEATH OF STATE OF S	1	RURAL and give nea	rest town)	s, write	c. LENGTH OF STAY	IN 16	E 2			,	ote fimils, write	RURAL and s	give nearest	lown)
SOI Laurel Hill Lane OOI Laurel Hill Lane OOD METANE DISTRICT MORNING CEORGE MENZEL OF THE MARKET DISTRICT MORNING CEORGE MENZEL OF THE MARKET DISTRICT OF THE	Г	d. NAME OF HOSPITA	L (If not in hospital, g	ive street c	oddress)		10	STREET A	DDRESS		· · · · · · · · · · · · · · · · · · ·		e. t	RESIDENCE
S. MANE OF DECEATION HEPMAN GEORGE MENZEL 4 DATE DOTATH DOD, YEAR 106, 1959 55 SEX MENDEN HEPMAN GEORGE MENZEL 4 DATE DOTATH DOD, YEAR 1959 55 SEX MENZEL MARRIED DIVORCED MENZEL MENZ	Н		el Hill La	ne			/	601	Laure	1 Hill	Lane			
Color of Race 7 MARRED Nover Married	3.	NAME OF	V . 1721 - 2721		Middle			Los	ı T	4 DATE	Mo	oth	Day	Year
S. SEX S. COLOR OR RACE AMARIED NOVER MARRIED S. DATE OF BIRTH Mar. 26, 1898 AGE (in year) WINDOWED DIVORCED Mar. 26, 1898 AGE (in year) Months Days Days Months Days Months Days			HE	RMAN	GEOF	RGE	N			OF		,		
male white widowed of vorted of work done to the widowed of the kind of work done to the working life, even if retried during most of working life, even if retried during most of working life, even if retried during most of working life, even if retried bears and the working life, even work of the primary of t	5.	SEX	6. COLOR OR RACE	7 MARR	IFD X NEVER MARRI	ED 🔲	8. DAT	E OF BIRTH	н		AGE (In years	IF UNDER		***
SALESTRAN OSCAT MENCEL 13. HATHE'S NAME OSCAT MENCEL 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. B. Ruth Menzel = 601 Laurel Hill Lane IB CAUSE OF DEATH (Enter only one couse per line for (o). (b). and (c) 1 PART I. DEATH WAS CAUSED BY. 10. MENDER CAUSE (o) Acute Coronary Coclusion OCONTRIBUTION, which gove rise to immediate couse (o). Itoling the under life in the immediate couse (o). Itoling the under life in the immediate couse (o). Itoling the under life in the immediate couse (o). Itoling the under life in the immediate couse (o). Itoling the under life in the immediate life in the immediate couse (o). Itoling the under life in the immediate lif			white	WIDOWE	DIVORCE	D					losi birthday) OL yrs	Months	Days He	ours Min
Salesman Behrend Bros. Md. 13. FATHER'S NAME OSCAT Menzel IS. MOTHER'S MAIDEN NAME Elizabeth Eichelbeck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mother of the property of the p	10	 USUAL OCCUPATION during most of working 	N (Give kind of work of	ione 10b.	KIND OF BUSINESS C	OR INDUS	STRY 1	1. BIRTHPL	ACE (Stote o	or foreign cou	intry)	12. CIT	IZEN OF W	HAT COUNTRY?
OSCAT MENZEL 15. WAS DICEASEDEVER N. U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. NO of Washerd 18. SOCIAL SECURITY NO. 18. PART H. CHAPT WAS CAUSE OF DEATH [Enter only one couse per line for to). (b). and (c) 18. CAUSE OF DEATH [Enter only one couse per line for to). (b). and (c) 18. PART I. DEATH WAS CAUSE OF: 18. MEMBDATE CAUSE (c). 20. Conditions. if any, which 19. Coronary Solerosis 19. Conditions. if any, which 19. Coronary Solerosis 19. Conditions. (c). 19. Coronary Solerosis 20. ACCIDENT WAS UNDERSYNC. 20. ACCIDENT WAS UNDER	L				hrend Bros	3 0		Md.						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address The continuous of the control of t	13	FATHER'S NAME					14,	MOTHER'S	MAIDEN N	AME				
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17 PROCESSION 18	П	Oscar Mei	nzel					Eliz	abeth	Eiche	elbeck			
B CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	15	WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17 18	NFORM					iress		
B CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	1"	yes	World Wa	r 1 2	16-09-8408	3 M2	rs.	B. R	ith Me	nzel .	601 La	urel	Hill	Lene
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21. I certify that I attended the deceased fram Aug. 19.47. to June 19.59. that I last saw the deceased alive on Na.y. 27. 19.59. and that death accurred at 5:00PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 1. M.D. 1 Mallow Hill Ave. 6/17/59 PHYSICIAN'S NAME (Type) Leo J. Gaver, M.D. Baltimore 29, Md. 220. BURIAL, CREMATION, 127b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 127d. LOCATION (City. Iown, or county) 127d. LOCATION (City. Iown, or county) 127d. DATE SIGNATURE 127d. REGISTRAR'S SIGNATURE 127d. REC'D BY REGISTRAR 127d. REGISTRAR'S SIGNATURE			UNDERLYING CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC	RISE HOW INJURY O	CCURRE	D. (Ente	er nature of	f injury in Po	ort I or Port I	Il of item 18.)			
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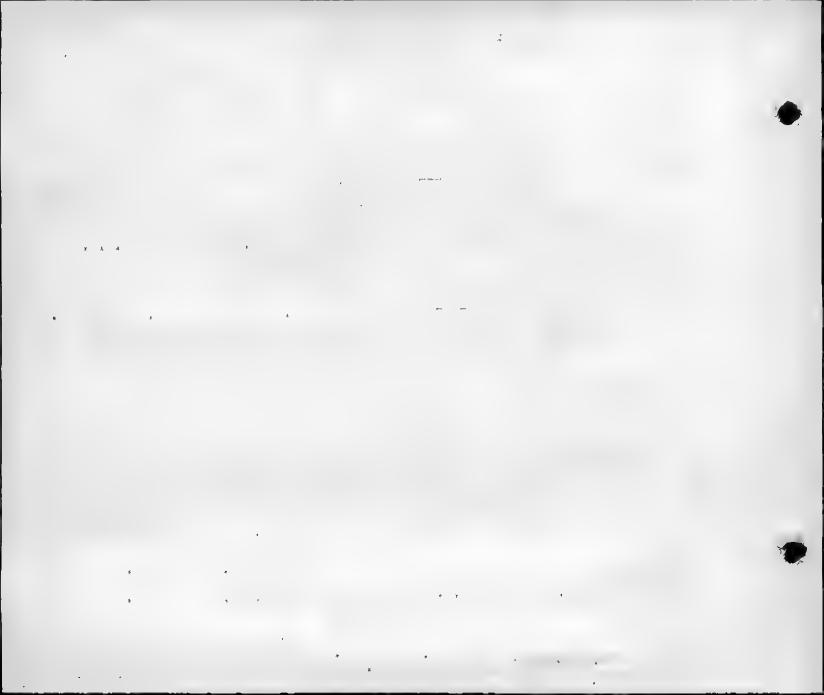


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TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

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TO HOSPITAL OR ME NOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that Po	may be retained Live has tol ar altending physician.	5	page 3 shauld be detached far use as the burial-transit permit. Then please <u>rem</u> ave carbon papers. Pages 1 and 2 shauld be filled	the registrar prior to burial, crematian, ar removal, and in any event within 72 hairs after death.
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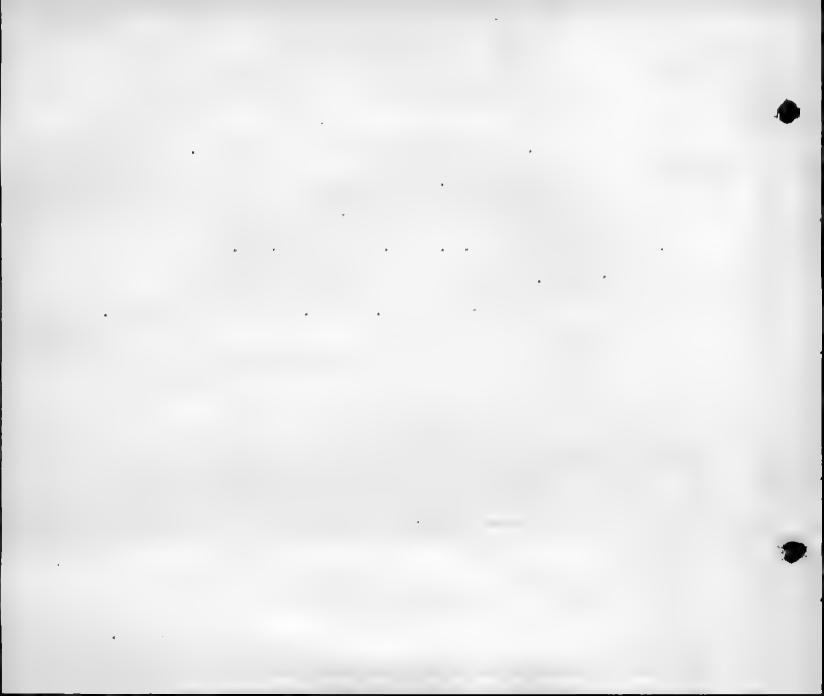
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 H

	14	92	CERTIFICATE	OF	DEATH
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Reg. Dist. No.

06482

	1. PLACE OF CEATH o. COUNTY				2	USUAL RESIDEN	CE (Whe	ore deceased	lived. If instituti	an Resideni	ce before ac	fmission)
		Baltim		MARYLAND			vlan	ıd	b. COUNTY			
1	b CITY OF TOWN RURAL and give	i (If outside corporate limi nearest town)	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOW	/N (If or	itside corpori	ote limits, write R	URAL ond g	give nearest	town)
		Towson	•			Bal	timo	re		VO1	- 4	
	d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, ç N	give street o	ddressj		d STREET ADDR	RESS					PESIDENCE IN A FARM?
		Cowson Conv.	Home	<u> </u>		1,21	<u> </u>	Belmar	Ave.			S NO 🕞
	3. NAME OF DECEASED	Fo	rst .	Middle		Lost		4. DATE	Mon	th	Day	Yeor
	(Type or print)	The second secon	ila	P		rris		DEATH	J	une	20.	1959
	5. SEX	6. COLOR OR RACE	7 MARRI	ED 🗌 NEVER MARRIED 🔲	B. D.	ATE OF BIRTH		1	AGE (In years lost b rthday)			NDER 24 HRS
	Female	White	WIDOWE	$\overline{\Lambda}$		et. 16,			66 yrs	Monins	Days Ho	wrs Min
	10a. USUAL OCCUPA during most of w	TION (Give kind of work orking life, even if retired	done 10b. I	CIND OF BUSINESS OR THE	USTRY	11. BIRTHPLACE	(Stole c	or foreign coi	intry)	12 CIT	IZEN OF W	HAT COUNTRY
ŀ		er Operator	-	U. S. Govit		Char MOTHER'S MA	DC.E.	Md.			IIS	SA
1	Ch	stavus B.	Jame	.0			rida -	nhath	Kellv			
ľ		VER IN U.S. ARMED FOR	CES? 16. S		INFO	RMANT		igne nii	Add	'ess		
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Ī		EATH [Enler only one co						118_/	· · · · · ·	man a	INTERVA	L BETWEEN
	PART I D	EATH WAS CAUSED BY.	Sul	a caelona ist	2001	andina.	3/6	A. Pris	11		ONSET A	ND DEATH
	422.1	DUE TO			APP KI	V DENZ J.C.	11	arry .	<u> </u>			D WILL
1	Conditions, if	ony, which 1	CAL.	dev-zera	1.8	am Lines	101				9	>
	gove rise to	immediate (V. Person	2/2	<u> </u>						
	lying couse los	g the <u>under</u> [
1	PART II. C			ONTRIBUTING TO DEATH BE	JT NOI	RELATED TO THE	TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	'AS AUTOPSY
	PART II. C											REFORMED?
- 1	OR CONTRIBUTION	MAS UNDERLYING A IG AUSE OF DEATH FY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCUR	RED. (E	iter nature of inj	ury in Pi	art I or Part	II of item 18.)			
1	20c. TIME OF INJ		- 1		PLACE	OF INJURY (Hom- street, office bld	e, form,	20f. (City	or town)	(C	ounty)	(State)
ł	D 11000 0. m	10	While of work		00077		g., etc.)		-	~	,	
	21. I certify	that I attended the	decease	d from NEK 22		, 19 <u>58,</u> h	· •	ML A	19.55	,that I I	ast saw I	he deceased
	alive on_9	Uni 17	, 12.2	Z, and that dea	th oc	curred at		M, from	the causes a	nd on th	ne date s	tated abave.
	1	M-11-10	5.11	0.11		.1.	. A	DDRESS (SK	et, city or town,	slote)	\sim 1	DATE SIGNED
1	SIGNATURE	THUR S	MAK	MAT D	_ M D.	44	.07	3 5	recke	wh	134	v-d
/	PHYSICIAN'S NAME (Type)	Hallo	571	ilrest	_	Ρ',	440	8 L01	ch Rang	m. l	3lne	
	220. BURIAL, CREMAT REMOVAL (Specif		F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCATI	ON (City, Iown, o	or county)	-	Stote)
	Burial	June 23.	1959	Parkwood	11			Ba	<u>l timore</u>	Mo	d.	
	TO FUNERAL DIRECTO	R'S SIGNATURE	·11	ADDRESS	11 .	77/		BY REGISTR		TRAR'S SIG		
X/E	rasakus	Mulka!	HOYK	c 7401 Bc	au	No J DA	TE JU	N 2 4 '5	9 (1	athur 8	Traus	



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CERTIFICATE OF DEATH

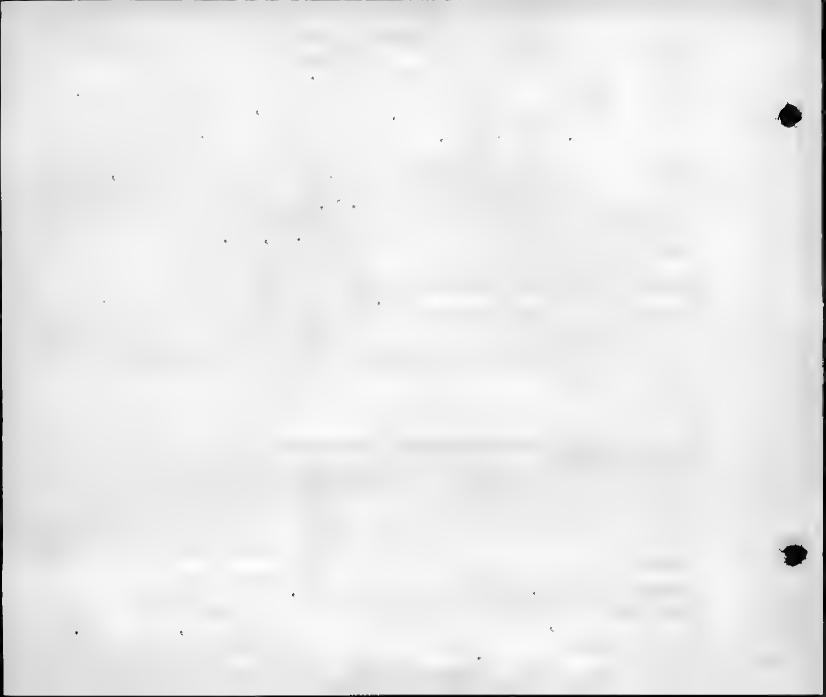
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	o. COUNTY	Baltimore		MARYLAN	2	USUAL RESIDEN O STATE Md.	ICE (Wh	ere decensed (lived If instituti b. COUNTY		before adn	nission)
	b. CITY OR TOWN (I RURAL and give no	Towson	ts, write	c. LENGTH OF STAY IN 11	b	c. CITY OR TOV				URAL ond gi	ve nearest k	twiti)
	d. NAME OF HOSPIT OR INSTITUTION	301 W. Ches	ir Outr	e Ave.		d. STREET ADDI		thorne	Road		10	RESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Fir Rowe		West		Naylor		4. DATE OF DEATH	June	26	Doy	Yeor 19 59
	fema le	6. COLOR OR RACE white	7. MARRIE	DIVORCED		ATE OF BIRTH 1. 13, 1	881	9	AGE (In years lost birthdoy) yrs.		YEAR IF UN Days Hou	DER 24 HRS.
	USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if retired	done 10b. Ki	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE Balti				12 CITIZ	EN OF WH	AT COUNTRY
1	13. FATHER'S NAME W1.1	liam Christ	opher	West	14	MOTHER'S MA	ROT		aughy		•	
	15. WAS DECEASED EVE (Yer, no. or unknown)	R IN U. S. ARMED FOR (If yet, give wor or dotes of a	CES? 16. SC		r.	MANT Lawrence	Naj	/lor]	.09 Chur	chward	lens R	oad
	PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	P	for (o), (b), and (c).]							ONSET A	BETWEEN ND DEATH
	Conditions, if a		17.	Lui selem	.J.						-, y.	-10
	tying couse lost.	the <u>unders</u> DUE TO)								10 5	ns
	3 Pare	wellen la	deller	NITE HOW INJURY OCCUR						EN IN PART	PER	S AUTOPSY FORMED?
		MEDICAL EXAMINER)										
	20c. TIME OF INJUR Hour e. ft. p. m.	19	While of work	Not while	foctory,	OF INJURY (Homestree), office bloom	ig., etc.)	ZVI. (City a	r town)	(Co	ounty)	(State)
	21. I certify the	at I attended the	deceased , 12	d fram <u>l U L 2-2</u> , and that dec	th occ	749, t :urred at_9	4	M, fram		and an the	ist saw the date sto	e decease
	ACTUAL SIGNATURE	All willed	12/4	Lucia	M.D.		A	ADDRESS (Stre	et, city ar town,	stole)	***	DATE SIGNE
	NAME (Type)	Francis W.	Glu	ck		100	W. U	nivers	ity Par	kway		
	PENOVAL TSpecify)	July 1, 1		22c NAME OF CEMETERY Druid Ridg		MATORY			N (City, town, o	or county)	(s Md.	lale)
1	John O. Mit	s signature tchell' & So	ns Ind	ADDRESS 1900 Euta	w Pl	24c	REC'D	BY REGISTRA	AR 24b. REGIS	STRAR'S SIGN		

TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hispital or oftending physician.

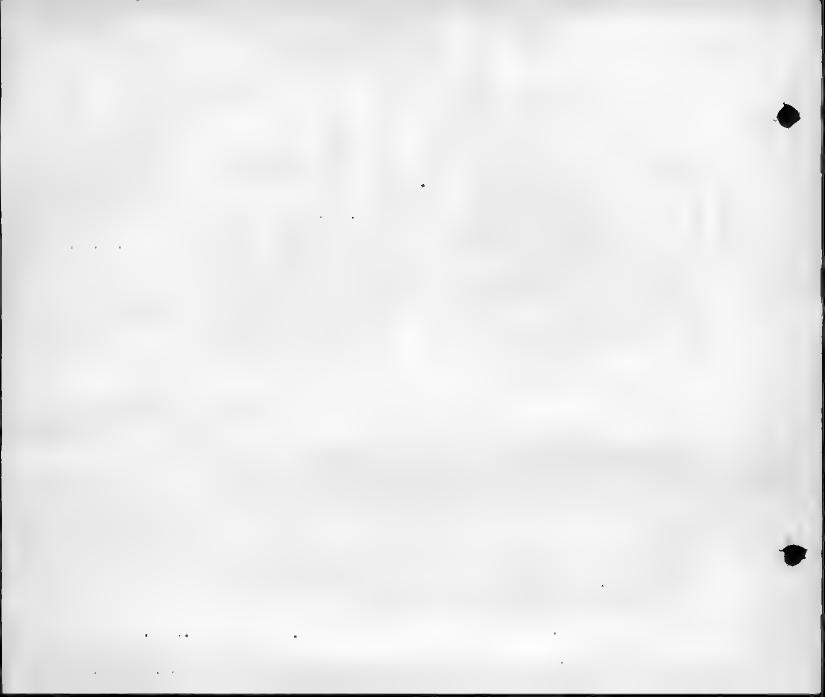
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the consequence page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cramation, or removal, and in any event within 72 hours after death.

VS A15 (# 15M 9/5# K





			MAKTI	LAND	STATE DEPAR	IME	NT OF HEALTH	1—BAL	TIMORE, 1	8	06484
			649	5	CERTIF	ICA1	E OF DEATH	4		Rea. Dist.	
	1.	PLACE OF DEATH D. COUNTY	Baltimore		MARYLA	MD 7	USUAL RESIDENCE (WI	here deceased	lived If instituti		before admission)
	\vdash	b. CITY OR TOWN	(If outside corporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o	V	ate limits, write R		
		RURAL and give Catons			2yrllmth19	dvs	Baltimo				
	1	OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS	9-0			e. IS RESIDENCE ON A FARM?
il.			OVE STATE	HOST	TTAL		1417 Wentwo	orth R	oad		YES NO 5
		NAME OF DECEASED	Fire	st	Middle —		Lost	4. DATE OF	Mon	th	Day Year
Į		(Type or print) SEX	Lillian 16. COLOR OR RACE	7	B. RIED □ NEVER MARRIED	Con In a	Nelson PATE OF BIRTH	DEATH	9. AGE (In years		19 50 YEAR IF UNDER 24 H
		female	white	WIDOWI		_			lost birthdoy) 61 yrs.		lays Hours Min
	10c	. USUAL OCCUPAT	ION (Give kind of work or rking life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTR			untry)	12 CITIZ	EN OF WHAT COUN
	L.	stenog	rapher	100	WHEN KOOKK		Maryl	and		U.	S. A.
	13.	FATHER'S NAME					4 MOTHER'S MAIDEN N				
	100		Nelson ER IN U. S. ARMED FOR	area Ia.		17. INFO		Tribi			
	(Ye	unkalown	(If yes, give war or dotes of in	orvice)	50CIAL SECURITY NO	Reco	_	0 000	Add CVE ATE	***	TO THE A T
	-		ATH [Enter only one co	1 *		ruecc	rus: SFRIN	G GRO	VE STAT	E HUS	PATAL
			ATH WAS CAUSED BY:		Pulmonary s	haaa	0000				ONSET AND DEATH
	V	443X	DUE TO)		inicini	3565				1 Week
		Conditions, if	ony, which) (b		Unresolved	pneu	monia				weeks?
		gave rise to cause (a), staling	the under DUE TO								
	z	lying cause last		0.000	And he was the same of the sam						
	CATION	PART II. U			CONTRIBUTING TO DEATH		I RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART I	PERFORMED?
36	HEIC	20a. ACCIDENT W			CRIBE HOW INJURY OCC		inter nature of injury in 1	Part I ar Part	II of item 18)		YES 🔀 NO
	L CER	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH AMEDICAL EXAMINER)			•					
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yea	r 20d II While	NOI While	e. PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. [City	or tawn)	(Co	unty) (Sto
	ME	p. m.	19	ot work	k of work			1/20	2		
		21. I certify t	hat I ottended the	deceos	ed from July		_, 19 <u>.56</u> , to(21/8	19 6	Lithat I la	st saw the decec
		alive on	42X	لد 12 ،	and that d	eoth o	curred at DYKA				
		ACTUAL SIGNATURE	Sulla /	Na	chilir	M.D	SPRIN		eel, city or town, VE STAT		DATE SIG
,		PHYSICIAN'S NAME (Type)	STEIL	P	INAC.	451	CR coton	sville	09 Wass		6/28/
	220	BURIAL, CREMATI	ON. 22b. DATE THEREO	F	22¢ NAME OF CEMETE	PY OR C			ON (City, town, o	yland	
		REMOVAL (Specify Crematico)				Park Crem.		Balto.		/ (2101e) [,]
	23.	EUNERAL DIRECTO			ADDRESS	16-		D BY REGIST	AR 24b REGIS	TRAR'S SIGN	IATURE
	و_	1/1/M. 9	· VIVI	ner	- A Mons	Vila	PATE DATE		- CA	Thur S. 1	isaly
						17	ned				



24g, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

arthur S. Krouge

VS A15 (4) 15M 9/SB

PUNERAL DIRECTORES SIGNATURE



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VS A15 (4)

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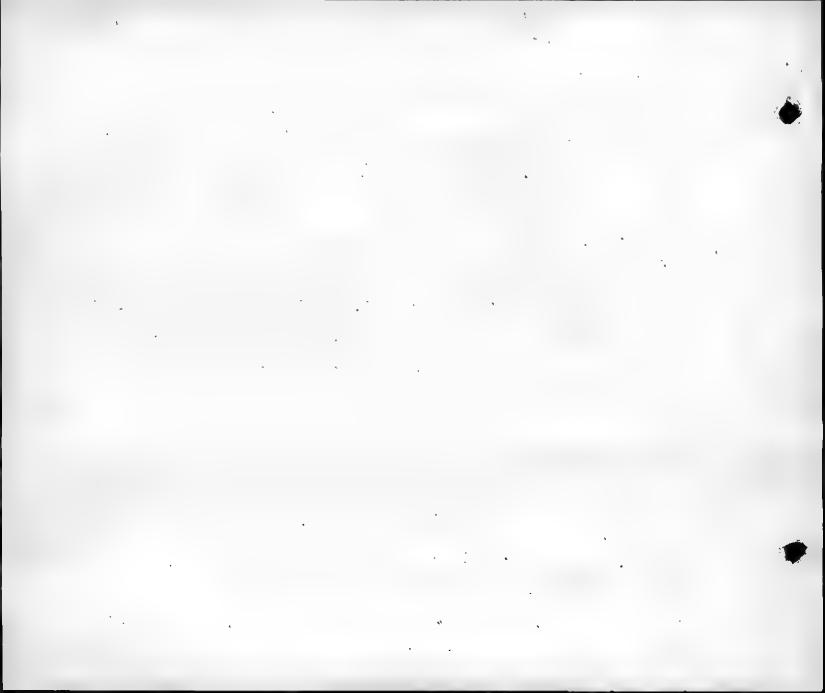
ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
6497	CERTIFICATE	OF DEATH	

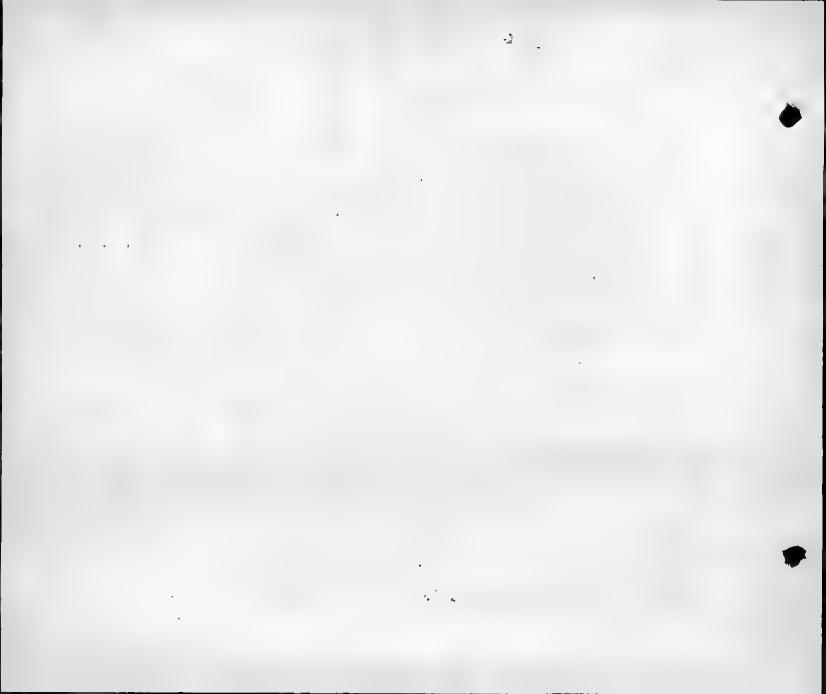
CERTIFICATE OF DEATH

M

06486Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY aRYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) QLT 117 6 PE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IT DATE Month Year OF. 0 DEATH 19 5 CA IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys 12. CITIZEN OF WHAT COUNTRY? 615 R19 14. MOTHER'S MAIDEN NAME INFORMANT Address ERBLRE INTERVAL BETWEEN ONSET AND DEATH HRTERIOS CLEROSIS WAS AUTOPSY PERFORMED? YES NO T (County) (Stote) foctory, street, office bldg , etc.)

PLACE OF DEATH B. COUNTY-MARYLAND BOLTIMORE b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL-and give nearest town) Dakil More d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 243" NAME OF Middle First DECEASED (Type or print) 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED | 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) ETIRON 3. FATHER'S NAME CE 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB.) **MEDICAL** 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o. m. While Not while 19 of work ot work 1927, that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 0 PHYSICIAN'S 6 NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ROSEd ALE BURIGL 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR arthur S. Kines DATE UN 2





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certificate

death

that the

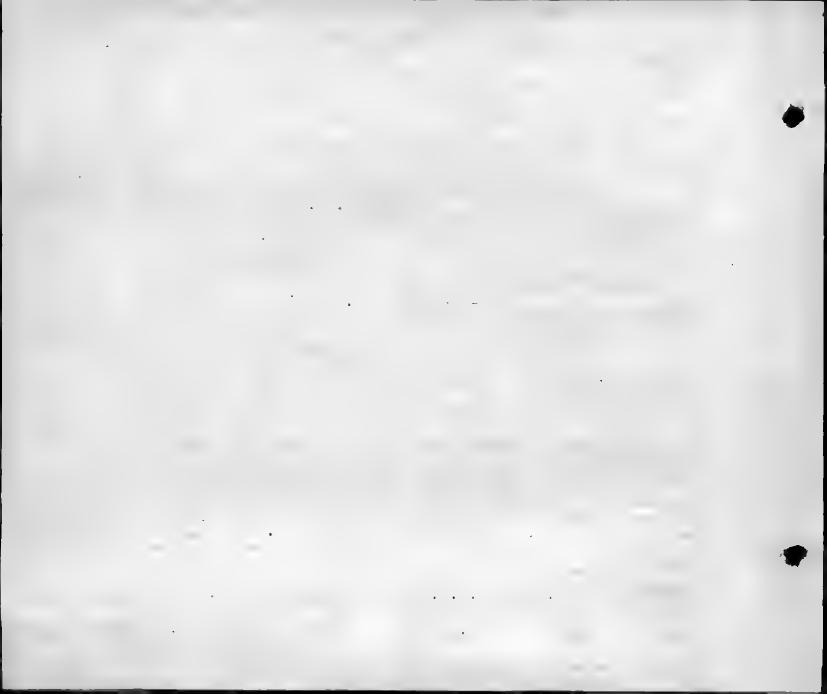
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MARYLAND STATE DEPARTMENT OF HEALTH—BALT!MORE, 18



+ +	6500 CERTIFICATE OF DEATH Reg. Dist. No.
oth: Page 4	1 PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland Baltimore
8 0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 44 ESSEX (21)
by the Tu	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Franklin Avenue d. STREET ADDRESS ON A FARM? YES \(NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE
124 hor illed in es 1 an	3 NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED Type or print) JOHN JACOB NOZ DEATH June 3rd, 1959
d within pletely 1 rs. Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Widowed Divorced Never Married Never Married North Nor
execute and cam pope death.	10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stole or foreign country) Car Inspector
death certificate be e trending physician an please remove carbo please remove carbo within 72 hours after	13. FATHER'S NAME Henry Noz Anna Maria Kurtzberger
n certificating physical removes 72 hour	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO (If yes, give wor or dates of services) 717-07-7233 Mrs. Fannie Noz same as #2
attendi n pleas t within	18. CAUSE OF DEATH [Enter only one couse per line Tor (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1776/10/10/10/10/10/10/10/10/10/10/10/10/10/
by the nit. The	Candillans, if any, which) by clace 17173, 20 color
require an. n signec sit per	gave rise to immediate couse (a), stating the under-tying cause tast. DUE TO (c)
he law i physici has bee riol-trar moval, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: 7 Hending ifficate In the bu	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC In a control of this certification in the control of the certification in the certific	County) State Soc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
ENDING The haspi St. After oched fo ourial, c	21. I certify that I attended the deceased from 19 2, to June 3, 159, that I last saw the deceased alive on June 3, 1959, and that death occurred at PM, from the causes and on the date stated above
PR ed est rior to be dest	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D. 701 Eastern Avenue 6/4/5
PITAL OI e retaine ERAL DIS I should jistror pri	PHYSICIAN'S John E.Gessner, M.D. Baltimore 21, Maryland
O HOSPITAI may be rete o FUNERAL page 3 shouths registrat	22c. BURIAL, CREMATION / 22b. DATE THEREOF REMOVAL (Specify) 6/6/59 StaMatthew's Cemetery Baltimore, Maryland
YS A15 (4) 15M 9/55	23/FUNERAL DIRECTORS SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE-SUN 8 159 Only & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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IM		1. PLACE OF DEATH COUNTY Batimore			MARYLAND 2. USUAL RESIDENCE (Where de o. STATE MARYLAND			ere decesse Muryla	ceased lived If institution Residence before admission) ylandb. COUNTY					
		b. CITY OR TOWN RURAL and give	(If outside corporate linearest town)	mits, write	c. LENGTH OF STA		c. CITY OR TOWN (If outside corporate limits, write RURAL of				L ond give	ond give nearest town)		
	-	RURAL and give nearest town) Cotonoville			3mth6d3	75	Baltimor e			2 \vee $^{\sim}$	1			
014	l	d. NAME OF HOSPITAL (IF not an hospital), give street address) OR INSTITUTION SPREMG GROVE STATE HOSPITAL				d STREET ADDRESS 456 Furrow Street				e. IS RESIDENCE ON A FARMS YES NO				
		NAME OF DECEASED (Type or print)	Char	int Tes	Midd	le	losi Orem	4 DATE OF DEATH		Month June	28	Day	Yeor 19 50	
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1		male	white	WIDOW			May 5 7 477	,	9. AGE [In lost birth	doy) Me	onths Do	ys Hours	Mi	
		USUAL OCCUPAT	ION (Give kind of worl	done 106	Tanada .		TRY 13 BIRTHPLACE (State	or foreign o	ountry)		12 CITIZEI	N OF WHA	T COUN	
		July nost of we	orking life, even if retire	d)	retired		Maryla							
Ü	13	FATHER'S NAME					14 MOTHER'S MAIDEN NAME			U.S.A.				
		Samuel Orem					Unknown							
	15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT.												
E N	(Yes	nknovn	(It yes, give war or dates o		13-09-86	57 _	ecras: SPRI	٠٠٠ ١	5. Tr 2. 31	TATA	** 4			
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avent will			EATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE DUE T	(0)	for (o), (b), and (c		neum	<i>y-y</i>				NTERVAL B		
ind in ony event will		PART I DI 4 0 0 0 Conditions, if gove rise to couse (o), stoting lying couse lost	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1	(c) (c) (d)	terior	eler Le	nneum failure d'active	or de	i usea lero	2		long 5	to	
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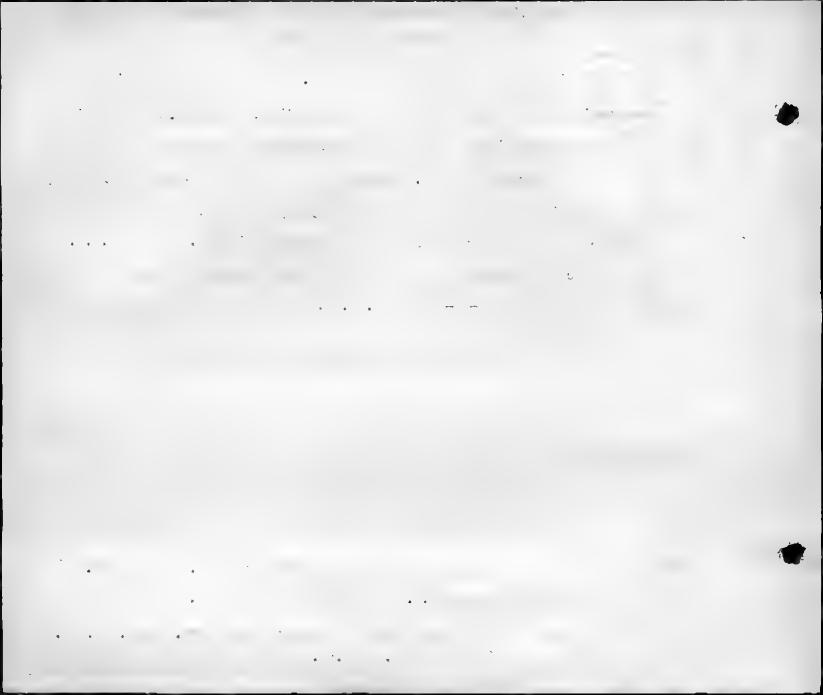
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6502

CERTIFICATE OF DEATH

Reg. Dist. No.

06491

	o COUNTY	Baltimore		MARYL	AND	2 USUAL RESIDENCE o. STATE Md.	(Where decease	d lived If institutio b. COUNTY	n Residence i		m ssion)	
ŀ	b CITY OR TOWN (If outside corporate limits, write			LENGTH OF STAY II	N Ib	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
1	RURAL and give regress fown) Baynesville			& year	2	Baynesville, (Towson 4, Post Office)						
		OSPITAL (If not in haspital, a			d. STREET ADDRESS					RESIDENCE N.A. FARM?		
		31 Chestnut O	ak Road	l		8531 Ch	estnut C	ak Road			NO)	
1	NAME OF DECEASED	Fire	H	Middle		Lost	4 DATE OF	Mont	h	Day	Yeor	
L	(Type or print)		rence			and	DEATH	June		11	1959	
1	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS	
L	Femal	White	WIDOWED [DIVORCED		ABOUT 5/2	5/1894	65? y"	Months Da	ys Ho	urs Min	
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L	Be	ntician		uty Salor	2	Balti	more Cit	y Md.	Ĭ	J.S.A	•	
ľ	3. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME					
L		Michael !					name unk	nown) Fla	herty			
	S WAS DECEASE	DEVER IN U S. ARMED FOR	ervice)			ORMANT		Addre				
L	no_		216-	-090511	Mr.	T. E. Ou	tland, 8	531 Chest	nut Oa	ik Ro	ad	
Г		DEATH [Enter only one co	use per line fo	r (a), (b), and (c).]			1 ,			INTERVAL	ND DEATH	
ı	PART	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Attention Celebratica Control onset and DEATH DUE TO physical a										
ı	19	DUE TO					p.t.	and down	42			
ı		Conditions, if ony, which (b)										
ı		ting the under-										
L	lying couse			· · · · · · · · · · · · · · · · · · ·								
	PART II	OTHER SIGNIFICANT CON	DITIONS CONT					E CONDITION GIVE	N IN PART 1(o) 19 W PE	AS AUTOPSY REORMED?	
	5	Change of	The state of the			ben un				YES	□ № □	
	OR CONTRIBL	TING TO CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		E HOW INJURATOR	CURRED.	(Enter nature of injur	y in Port 1 or Par	t II of item 18.)				
	20c. TIME OF I	NJURY Month, Day, Yea . m. 19	While	Nat while	20e. PLA(Facto	E OF INJURY (Hame, ary, street, affice bldg.	form, 20f. (City , etc.)	or town)	(Cou	nty)	(Slote)	
ľ		, m.		of work								
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l	ACTUAL	and a ser	the state of	1			`	treel, city or town, s	. ,		DATE SIGNED	
ı	SIGNATURE_	SIGNATURE MD. 8523 Loch Raven Blvd. Towson 4, Md. 6/ /5										
	PHYSICIAN'S NAME (Type)	Edward Gor	don Gra	u, M.D.		8523 Loc	h Raven	Blvd.				
2	20 BURIAL, CREA REMOVAL (SP	ATION, 226. DATE THEREO	F 22	c. NAME OF CEMET	ERY OR	CREMATORY	22d LOCA	TION (City, lawn, o	countyj	(Stole)	
L	BURTA		N	foreland N	(emo)	cial Cemete	ery Tayl	or Ave. E	alto.	Co.	Md.	
2	17 1	TOR'S SIGNATURE		ADDRESS		24-	DECADABLE PECKET	DAD DECIS	TRAR'S SIGNA	NTURE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06493

e. IS RESIDENCE

ON A FARM?

YES NO

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Bal to.

Rea. Dist. No.

June 10. 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Alln. YES. 12 CITIZEN OF WHAT COUNTRY? Address Lutherville W. Seminary Ave. INTERVAL BETWEEN AND DEATH PERFORMED? YES IN NO ID (County) (Stole) that I last sow the deceased AM, from the causes and on the dale stated above. ADDRESS (Street, city or John, state) 22d. LOCATION (City town, or county) (Stote) 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE JUN 1 2 '59 arthur S. Krous

7/17 7:15. Pell,

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1, PLACE OF DEATH

2.

06494

CERTIFICATE OF DEATH 6505

L OF BLATH	Reg. Dist. No.
USUAL RESIDENCE (Where deceased lived o. STATE Mary land	If institution; Residence before admission) . COUNTY
c. CITY OR TOWN (If outside corporate lim	nits, write RURAL and give nearest town)

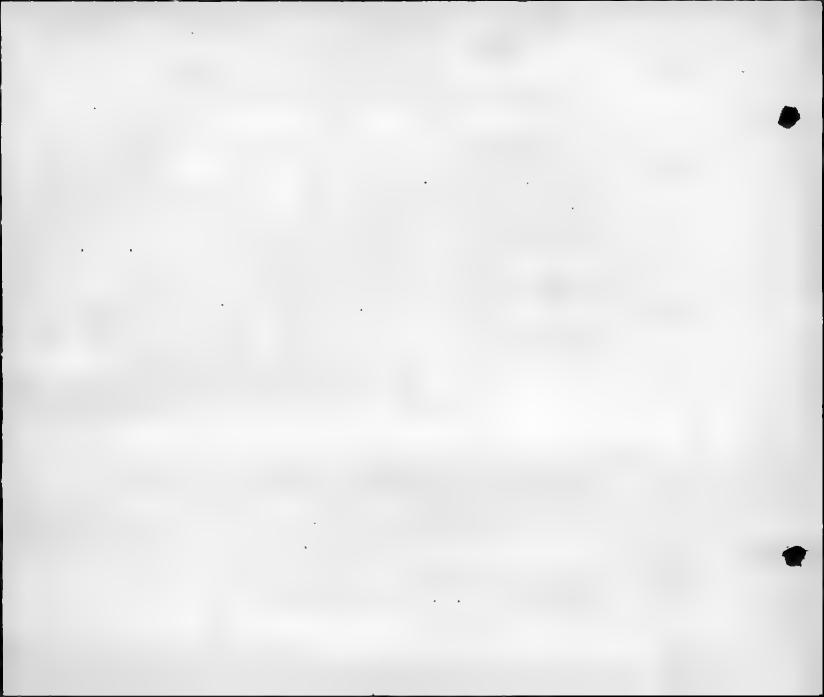
	0 0001111	Raturiore		MARYL	AND	O. SIAIE	Mary 1	and	b. COUN	ITY				
	b CITY OR TOWN (III	f outside corporate limi	its, write	c LENGTH OF STAY II	N 16	c. CITY OI	TOWN (If or	itside corpo	rote limits, write	e RUR	AL and g	ive ne	arest lowr) V
	Catonsvil	_		days	-	Ral.	timore		4	3 V	0/-	. 1/		
		At (If not in hospital, s	give street	address)		d STREET	ADDRESS		-			-		DENCE
		ROVE STATE	HOS	SPITAL		(604 Hor	nestea	ad Stree	∍t_				FARM?
3	NAME OF DECEASED	Fia		Middle S.			Ost	4. DATE OF	A	Aonth		Do	зу	Year
	(Type or print)					Pierce	9	DEATH	,	Jur	е .	3		1959
5.	SEX	6 COLOR OR RACE	7 MARE	HED NEVER MARRIED	D 🔲 8.	DATE OF BIR			9 AGE (In year lost birthdoy					ER 74 HRS
f	emale	white	WIDOWI	DIVORCED		March	17, 18	374		ris.	Nonths	Days	Hours	Min
10c	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTH	PLACE (State o	or foreign c	ountry)		12. CITI.	ZEN C	F WHAT	COUNTR
		rapher	, 6	Htcc		1	arylan	d			U.	S.	A .	
13.	FATHER S NAME		· · · · · · · · · · · · · · · · · · ·			14. MOTHER	'S MAIDEN N	AME						
	Unk	nown					Unkno	WITE						
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INE	ORMANT		7-0-0	Ä	vddress				
1	nka own	(If yes, give wor or dates of s		Inknown	Reco	rds:	SPRI, C	GRO	VE STA	Œ	HC.	SPI	TAT.	
		TH [Enter only one co		ne for (a), (b), and (c))	_10.200_30_3				1 4-0 Kar (6-6)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****		ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Ure	mia					"30			ON!	SET AND	DEATH
	17:00	DUE TO										-		
	Conditions, if or	and such fields A	Met	astatic ure	thra	l obst	ructio	n						
	gove rise to in	nmediate (-		
	cause (a), stating (lying couse last.	the under-	, Су	stadenocard	cino:	ma of 1	eft ov	ary w	ith gen	er	aliz	dd	meta	stasi
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTPIBUTING TO DEAT	TH BUT N	OT RELATED I	O THE TERMIN	NAL DISEAS	E CONDITION I	GIVEN	IN PART	1(0) 1	9 WAS	AUTOPSY
CERTIFICATION														RMED?
M	20a ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature	of injury in P	ort t or Par	I II of item 18.)					
E	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
3	20c. TIME OF INJUR	r Month, Day, Ye	ar 20d. It	NJURY OCCURRED 2	20e. PLAC	E OF INJURY	(Home, form,	20f. (City	ar town)		(C	aunty)		(Stote)
MEDICAL	Hour e.m.	19	While of world	Not while	facta	ry, street, offi	ce bldg., etc.)							
1		at I attended the	dacaar	ed from May	26	10	9 10 1	lune	3, 19	50,	h = t 1			
		une 3		29, and that o		Zamaii	2015n	AA C		. undi.nls T	nor i ii	351 50	aw the	decease
	dilve oil				aeam c	ccurrea o	المراضين المراس	"JVI, Tran	n the cause: Ireel, city or low	i one	i on th	e da		ed abay. Ate signe
	ACTUAL	Stepla	Ma	clister		SPE		ROVE	STATE		SPIT	PAT.	/ -	
	SIGNATURE		-	V	м	D LINE		20011	574 44 444 			1.55		
	PHYSICIAN'S NAME (Type)	Stella Wac	hsle	r, M. D.		Cat	onsvil	le 28	, Maryl	and	i			
220		N, 225, DATE THEREC) F ₄	22c. NAME OF CEMET	ERY OR				TION (City, law				/State	e)
	REMOVAL (Specify)	VIANA 5	159	MTRION	1			F-10 112	toING R	.444	1 His	elas	ed M	· .
23	FUNERAL DIRECTOR'S	S SIGNATURE		100476	(10	- 64	240. REC'D	BY REGIST	RAR 24b. RE	GISTR	AR'S SIG	NATU		

Brandway + Williams St.

240. REC'D BY REGISTRAR DATE JUN 8

Orthon S. Krous

TO HOSPITAL OR VS A15 (4) 15M 10/57



DATE

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D certificate phy ottending <u>a</u> by H. 940 gned 2 g = ő use may be retained to the form of 0 VS A15 (4) 15M 9/5\$

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CERTIFICATION

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rooks Funeral Servicem Towson 4, Md.

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CERTIFICATE OF DEATH 6000

06498

		<u> </u>	h			Reg. Dist. No.							
	1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admiss of STATE Baltimore Baltimore							on)
}	Baltimo	re		MARY	LAND	Me	arylai	nđ	b. COUN	ry Ba	ltim	ore	
F	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits	, write	c. LENGTH OF STAY	IN 16	c CITY OR	TOWN (If or	ulside corpo	role limits, write	RURAL and	d give near	rest fown)	
	Dundall			33 year	S	Dt Dt	ındal	k 22					
	d. NAME OF HOSPITA OR UNSTITUTION	L (If not in hospital, give	ve street a	oddress)		d. STREET	ADDRESS					ON A	DENCE
	/4 Ains	hip Road				71	Kin	ship	Road			YES 🗌	
	3. NAME OF DECEASED	First		Middle		la		4. DATE OF	M	lanth	Day		108
	(Type or print)	404444			R	PRICE DEATH			June	12t	h, 1	959	
	_ 1		7. MARR	IED NEVER MARRIE		DATE OF BIRT			9. AGE (In yeo	IF UNDI	ERTYEAR		
	male		WIDOWE			Jan.l			/ C y	fs. Months	Doys	Hours	Min
١	10a. USUAL OCCUPATION during most of working	(Give kind of work do	one: 10b.	KIND OF BUSINESS OF	RINDUSTI	Y 11. BIRTHP	LACE (Stole o	or foreign co	ountry)	12. C	ITIZEN OF	E WHAT I	OUNTRY
,	Shearmar			Steel		Eng	gland				USA		
	13. FATHER'S NAME					14 MOTHER	MAIDEN N	AME					
	W111	iam Price	0			Ве	atri	ce S	criven				
	15. WAS DECEASED EVER	IN U. S ARMED FORC		SOCIAL SECURITY NO	17. INF	ORMANT			A	ddress			
	no		[2]	<u> 13-07-442</u>	2 An	n M.P.	rice		same a	s #2			
			se per lin	ne for (a), (b), and (c).		-j-	_ ,	9_	1		INTE	RVAL BET	WEEN
	PART I. DEATI	H WAS CAUSED BY:	(0	arce 12	800	2010	J-6-1	- July L	Resten	rè	0.11	., /////	250111
	144.4	DUE TO		-5							1	111	-
	Conditions, if any gave rise to im		(ance	. Li						4	106	
	couse (a), stoting th												
	lying couse lost) (c)											
7	NO PART IS OTHE	R SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION C	SIVEN IN PA	RT 1(a) 19	PERFOR	UTOPSY MED?
ď												YES 🔲	NO 🗌
	200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	NO. DESC	CRIBE HOW INJURY OF	CURRED	(Enter nature o	finjury in Po	ort I or Port	II of item 18)				
	Y 20c TIME OF INJURY Hour a.m.	Month, Doy, Year		1		E OF INJURY			or town)		(County)		(Stote)
	Hour a.m.	19	While of work	Not while	rocto	ry, street, offici	a bidg., eic.j						
	21. I certify the	t I attended the a	decease	ed from 7.34	121.	10 50	to /	7 7-2	240, 193	4 share !	Llest co	u the e	lacante
	alive on	Juno	. 19	E 7	/		10000	Milleon	the course	and on	the det	a states	l above
		11 110	-1	The same with	aca a	ccorred or			reet, city or tow		me dole		E SIGNED
4	ACTUAL SIGNATURE	11/11/100	Sich	AD11-	M.	3 1	Kinsh	ip Ro	bad				
•	PHYSICIAN'S W.	Herbert	Mori	rison, M. D	•	Ba	ltimo	re 27	2.Mary	land			
	220. BURIAL, CREMATION	226 DATE THEREOF		22c. NAME OF CEME	TERY OR	REMATORY			ION (C ty, town			(Stole)	
	Burial Burial	6/15/59		Oak Lat	wn C	emet.	CT	B	altimo	re Co	. , Me	ryl	and
	23. FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	7 - 7 1	00		BY REGIST		GISTRAR'S S			
1	DUEB /b	when the	adi	key, Dun	dalk	22	DATE JU	N 1 6 '5	19 C	Irilmy 2	S. Krau	A	

may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR. After this capital has been signed by the attending physician and campletely filled in by the prince of director, page 3 shauld be detached for use as the burial-transit permit. Then pleam remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remavol, and in any event within 72 hours after centain. VS A15 (4) 15M 9/55

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

peoils. Page 4

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rand campletely filled in rban papers. Pages 1 a ler death.

physician (Car

burial-transit

remayal,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6509

CERTIFICATE OF DEATH

06499

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- A		
36	N	

o COUNTY

1. PLACE OF DEATH Baltimore b. CITY OR TOWN (If outside corporale limits, write

d NAME OF HOSPITAL (If not in hospital, give street address)

eterans Administration Hospital

RURAL and give nearest town)

Fort Howard

OR INSTITUTION

MARYLAND

E. LENGTH OF STAY IN TH

27 days

2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission

b. COUNTY

Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Baltimore .

353 Leeanne Road

Jd STREET ADDRESS

e IS RESIDENCE ON A FARM? YES NO TO

Reg. Dist. No.

Baltimore

DECEASED	THE	First Middle		Lost	4 DATE			y Yeor			
(Type or print)	RAYM	OND	н.	PUSSLER	OF DEATH			19 5	59		
5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9		UNDER I YEAR	IF UNDER 24	HRS		
Male	White	WIDOWED 🗌	DIVORCED	January 4,	1918	ost birthday) yrs.	lonihs Days	Hours A	vlin.		
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF V											
Electricia	n	Stee	Mill	Great M	Great Mills, Md.				U.S.A.		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
Nicholas Pussler Mary L. Dean											
	ER IN U. S. ARMED FOR		L SECURITY NO.	7 INFORMANT		Address		·-····································			
Yes	WWII	219 (03 9831	Clintcal Rec.	VA Lospi	tal, Ft.	Howard	Md.	-		
18. CAUSE OF DE	ATH [Enter only one ca	use per line for (o), (b), and (c).]					ERVAL BETWE			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	DISS	EMINATED :	MALIGNANT MEL	ANOMA BRA	IN, HEAR	r. ON:	2 yrs	,TH		
199	DUE TO		R, SPLEEN	, KIDNEYS, LY	MPH NODES	, ADRENA	LS				
Conditions, if ony, which) (6.5)											

cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD

Hour o. m.

p. m.

gave rise to immediate

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

20d. INJURY OCCURRED Not while While

20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f (City or lown)

(County) (Stote)

21. I certify that Vattended the deceased fram 112y 23	, 1959, to June 19	19.59 ЖИРФИНИСТИКИ 1
after Carocococococococococococococococococococ	urred at 10:00PM, from the o	causes and an the date stated above

Day,

DUE TO

at work of work

19 59 to June 19 19 59 HANDTHAD GOOD ON COLOR

	N/(/	4.		0
ACTUAL SIGNATURE	NY I	Tula	now	ofe
3101111111111	10			

ADDRESS (Street, city or town, state) VA Hospital, Ft. Howard, Md.

DATE SIGNED

PERFORMED? YES TO NO

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION.

226 DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

VA Hosnital, Ft. Howard, Ad. 22d LOCATION (City fawn, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

Glen Haven Memorial Park Ritchie Highway, Balto, Md. ADDRESS

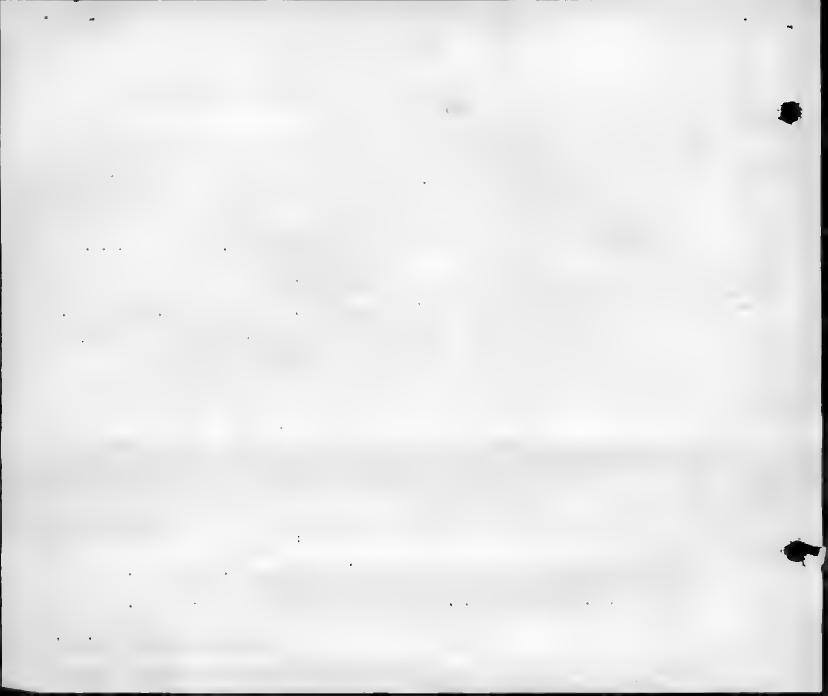
24g, REC'D BY REGISTRAR DATEJUN 2 3 '59

246, REGISTRAR'S SIGNATURE

Orthur & House

the registrar prior to burial, VS A15 (4) 15M 10/57

may be retained by the haspital or TO FUNERAL DIRECTOR: After this ce page 3 should be detached for use



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

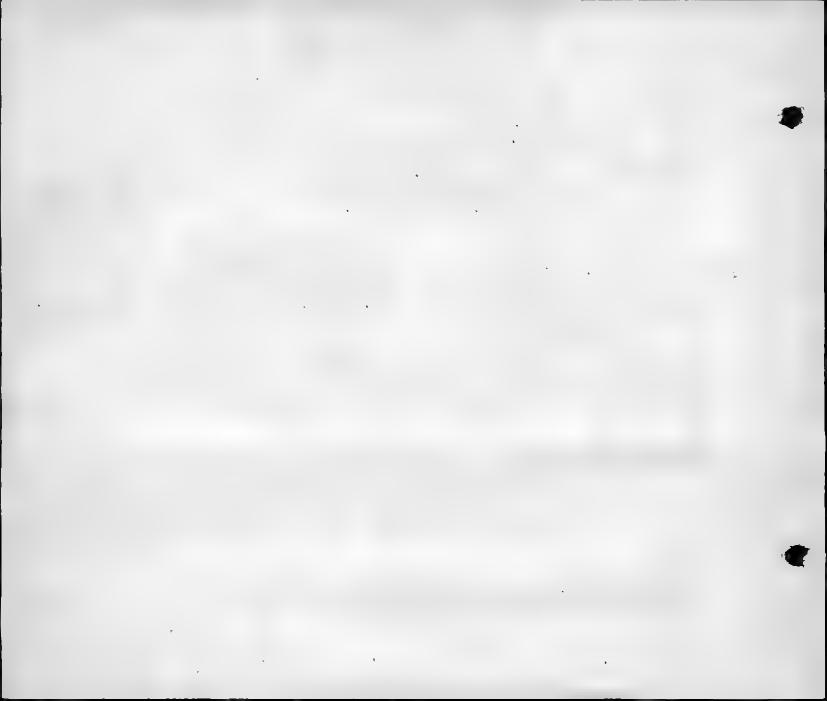
06550

6510 **CERTIFICATE OF DEATH**

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004.0	Keg, Dist, No.							
1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give moonest town) Outside Corporate Corpor	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) × Parkville							
d. NAME OF HOSPITAL (If not in hospital give street oddress) OR (NATIONAL SON AVE.	1 d. STREET ADDRESS ON A FAR YES NO. 15 RESIDEN	ICE M? M?						
3 NAME OF DECEASED (Type or print) Katie First Middle A.	Raver Jean June 1 19	59_						
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Jan. 25, 18/9 80 m	HRS Ain.						
100. USBAL OCCUPATION (Give kind of work done during, most of working lyfe, even if retired) Housewite	Marywille, Penna USA	JMTRY?						
George W. Eby Mary Jane File								
(Ver as as assessed as the second sec	brokmant Donald Raver, 8109 Wilson Avenu	e.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hendrikage Interval Betwee							
Conditions, if any, which	arterioicheron /y							
gove rise to immediate Couse (a), stating the <u>under-lying couse last.</u> Lying couse last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH UP EITHER, NOTIFY MEDICAL EXAMINER;	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORME YES NO	D?						
	D (Enter nature of injury in Port I ar Port II of item 18)							
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 19 of work of work 19 of work 1	ACE OF INJURY (Home, form, 20f. (City or town) (County) (County)	Store)						
21. I certify that I attended the deceased from the deceased from the death	1958, to 1971, that I last saw the decision occurred at 1019M, from the causes and an the date stated of							
ACTUAL SIGNATURE		SIGNED						
PHYSICIAN'S E.J. Alessi M.D	Battemore-14 md							
	em Park Baltimore, Maryland							
23 FUNERAL DIRECTOR'S SIGNATURE Leorgard J. Ruck 5305 Harford Road	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATE JUN 4 '59 Chilhury & Hama							

TO HOSPITAL OR VS A15 (4) 15M 9/55



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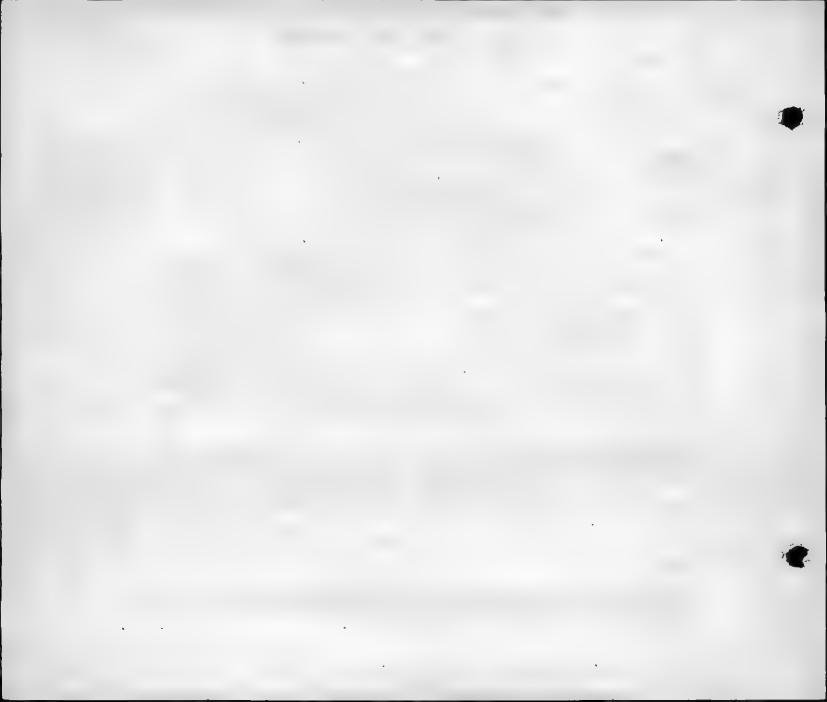
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

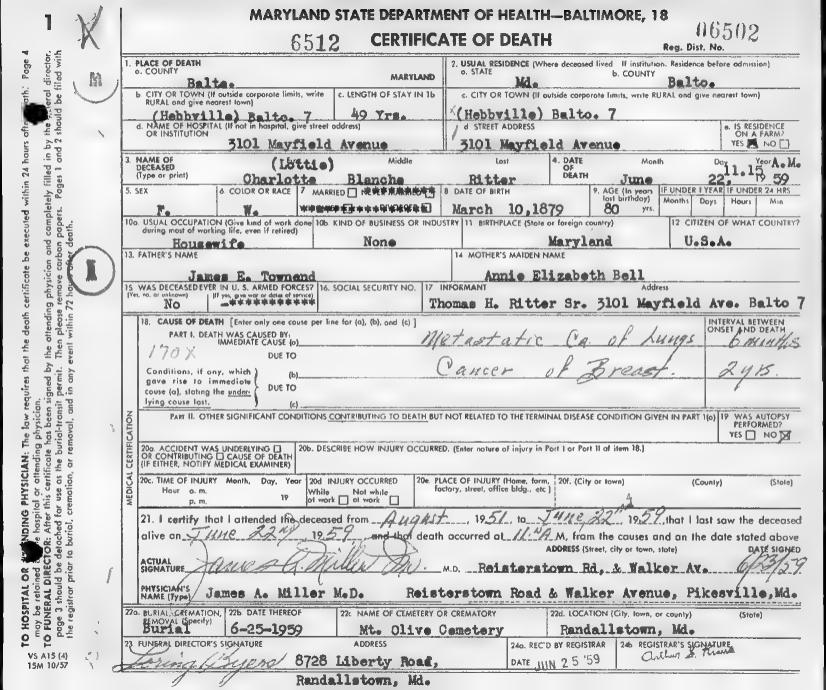
CERTIFICATE OF DEATH

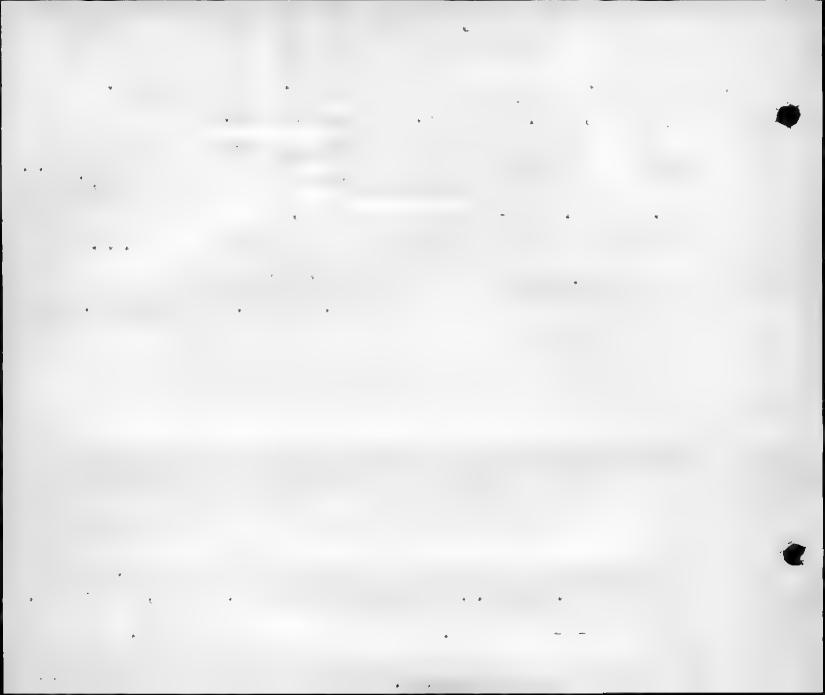
06501 Rea. Dist. No

	6511	CERTIFIC	ATE OF DEATH	[Reg. Dist. No.	Tinn
1. PLACE OF DEATH O. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Who o STATE	ore deceased lived. If institute. B. COUN'		
b CITY OR TOWN (If outside corpore RURAL and give rearest town) Parkville	ote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or X Parkvil	utside corporate limits, write		
d NAME OF HOSPITAL (If not in has OR INSTITUTION 8601 R	pital, give street o		, d. STREET ADDRESS	hmond Circl		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ALGO	fin ert	M. Middle	Reeves	4. DATE M OF DEATH JUNE	onth Day 2 30, 195°	Year 7 19
5. SEX 6. COLOR OR Whi		ED NEVER MARRIED D	8-2-1883	9. AGE (In year lost birthday	Months Doys	F UNDER 24 HRS. Hours Min.
100 USUAL OCCUPATION (Give kind of Pouring most of working life, even if Next. Salesman	work done 10b K retired)	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of Mass.	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
3. FATHER'S NAME Frank Reeves			Nancy B	AME Lair		
15. WAS DECEASED EVER IN U. S. ARME [Yes, no: or on-hown) (15 yes, give wer or o			Mrs Marjor	. 71.	ddress Same	2
Canditions, if any, which gave rise to immediate couse (a), stoling the <u>underlying cause last.</u>	D BY: USE (e) OUE TO (b) OUE TO	Hyper	failu fatic pn nosis IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	ONSEI	VAL BETWEEN A AND DEATH THE CALL Y CLAY WAS AUTOPSY PERFORMED? YES NO PL
PART II OTHER SIGNIFICAN DEATH INER)	RIBE HOW INJURY OCCURR	RED (Enter nature of injury in P	ort I or Port II of item 18.)			
20c. TIME OF INJURY Manth, Do Hour o.m.	While	Nat while of work	PLACE OF INJURY (Home, farm, lactory, street, affice bldg , etc.	20f. (City or town)	(County)	(State)
21. I certify that I attende alive an 6/36 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 6/37	125 AC)	2. and that deal Rutter	mo. 312	M, from the causes ADDRESS (Street, city or tow	and on the date	the deceased stated above OATE SIGNED
220. BURIAL, CREMATION, 22b. DATE 1	59	22c. NAME OF CEMETERY	! /Ilem.	2d. LOCATION (City town Battemon	e, Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Leonard 1. Ruc	b 5305	Harford Ra			GISTRAR'S SIGNATURE	

VS A15 [4] 15M 9/55







VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6513 CERTIFICATE OF DEATH

8 06503

	_								MARY DISC I	•0.	
	1.	PLACE OF DEATHTOS	ewood State	Training Scl		. USUAL RESIDENCE	(Where deceases	lived If institute	on Residence b	efore admission)	
		The state of the s	ltimore	MAR	YLAND		ryland	B. COUNIT	City		
	-	b. CITY OR TOWN (If a RURAL and give near	outside carporate limits, wi	ite c. LENGTH OF STA	r IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL and give	negrest lown)	
	Cı	wings Mills	Maryland	l year.	.	Baltimore	7. Mar	vland			
		d. NAME OF HOSPITAL	(If not in haspital, give sl	treet address)	11	, d. STREET ADDRES		y Italy		e. IS RESIDENCE	
1.	Ro	or institution osewood Sta	te Training	School		7202 Sevi	nour Pla	ce		ON A FARM	
	3.	NAME OF	First	Middl	e	Lost	4. DATE	Mon	th	Doy Yeor	
		DECEASED (Type or print)	Theo	dore Paul	L	Roberts	OF DEATH	6	3	14 19 5	59
	5. 5	SEX 6	. COLOR OR RACE 7.	MARRIED NEVER MARR	IED 27 8.	DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 F	HRS.
		Male		OWED DIVORC		9/1/57		last birthday)	Months Day	s Hours Mi	[5]
	10a	USUAL OCCUPATION	(Give kind of work done	106, KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	itate ar foreign o	ountry)	12. CITIZEN	OF WHAT COUNT	TRY?
		during most of working	g lite, even it refired)			1	arvland		U.S	3.A .	
/	13	FATHER'S NAME]	14. MOTHER'S MAID	EN NAME				
		Leonard Rob	erte			Gena	aldine B	. Roberts	3		
				16. SOCIAL SECURITY NO	D. INFO	DRMANT	**************************************	Addi			_
	(Yes		yes, give war or dates of service)		Ba	sewood Rea	nomd a				
		DO CAUSE OF DEATH	1 (Catanana) and annual	er line for (o), (b) and (c)		Semond Ital	001072		10	NTERVAL BETWEE	. N.I
			WAS CAUSED BY:	Pheuv	_	3 - 0	2001	0	ö	NSET AND DEAT	ſΉ
		1.000	MMEDIATE CAUSE (a)	Theat		14 07	n ginn	, com			
V		493X	DUE TO				4	//	7		
		Conditions, if ony, gave rise to imm									
		couse (a), stating the									
	-,	lying cause lost.	} {c}				· · · · · · · · · · · · · · · · · · ·				
r)	CATION	PART II OTHER	SIGNIFICANT CONDIT C	ONS CONTRIBUTING TO DE	EATH BUT NO	OT RELATED TO THE T	ERMINAL D SEAS	E CONDITION GIV	'EN IN PART 1(o	19. WAS AUTO	PSY)?
2			Mula	ple u	OLK -	forma				YES NO	
	CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING LIFE EITHER, NOTIFY ME	UNDERLYING [206	DESCRIBE HOW INJURY	OCCURRED. (anter nature of injur	y in Port I ar Par	f (Laf item 18.)			
		(IF EITHER, NOTIFY MI	EDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY Hour a.m.	/-	DI INJURY OCCURRED		OF INJURY (Home, y, street, office bldg.		ar town)	(Coun	ly) (S	lote)
	MED	p. m.		/hile Nai while wark 🔲	100.01	y, areer, orrice alog.	, 6,6,7				
	!	21. I certify that	I attended the dec	eased fram		, 19 . to		. 19	that Llast's	aw the decec	ised
		alive an				ccurred at 2:4					
	!				• • • • •	ccomed blassay		treet, city or town,		DATE SIG	
		ACTUAL (AW R	eel a l	Pa til	2:00 00	+ 44	07 Ma	1 2000	0-6/15/5	Q
		SIGNATURE	, , , , , , , ,		- V W.	410	. 10			i - Salabai fadi.	2
/		PHYSICIAN'S NAME (Type)	w. Ri	echert			Bal	times	× 14,	M(G)	
	220	BURIAL, CREMATION,	226. DATE THEREOF	22c. NAME OFFICEA	AETERY OF C	REMATORY	22d. LOCA	TION (City) own,	or county)	(State)	
	1	Meist	6-16-19	oneh	lehr	Lone		Nal	B	Ma	ج
	23.	FUNERAL DIRECTOR'S	SIGNATURE /	ADDRESS	n	240.	REC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGNA	TURE	
×	1	Lack Le	ore love. V	100 Eulaw	- 1/1	DATE	SUN 1 7 '59	CK	as I true	e all	



VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6514 CERTIFICATE OF DEATH

06504

Reg. Dist. No.

		p. COUNTY D / T	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
		DAL/IMORC MARYLAND	b. COUNTY BALTO						
	- 1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR IOWN (If outside carporate limits, write RURAL and give nearest tawn)						
		ARKVILLE MYEARS	X PARKVILLE						
		d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS						
		7834 BAGLEY HUR	7834 13 AgLey Ave VES NO PA						
	3	NAME OF Pirst Middle	D / Lost 4. DATE Month Day Year						
		OFCEASED (Type or print) WILLELMINA L	RUBINSON DEATH JUNE 10 1959						
	5. 5	The state of the s	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1						
		WIDOWED DIVORCED	JURA 18, 1071 67 40.						
	10a	. USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY						
	_/	MACHINE OPERATOR CLOTHING	Washington DC, U.S.A.						
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
		WILLIAM HUER	BERHARDINA RUNRELHEIR						
	15. (Ye)	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address						
		NU 216-24-8719 Y	VILLIAM FIH RODINSON JAME						
		1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)]	INTERVAL BETWEEN						
		PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onset and Death						
		OUE TO	2000 0000						
		Candilians, if any, which) (b) Circosci	erotic Cerdio ase xtis.						
		gove rise to immediate couse (a), stoling the under-							
		lying cause last.	2) !						
	CATION	PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE JERMINAL CHEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY						
	3	Jejune C	Comal Jeslita PERFORMEDO						
	CERTIFI	200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Part II of item 18)						
		OR CONTRIBUTING CAUSE OF DEATH							
	MEDICAL	20c. TIME OF INJURY Mooth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form 20f. (City or town) (County) (State)						
-1	MED	Hour a.m While Not while fo	ctory, street, office blog at 1						
		21. I certify that I attended the deceased from January	100 To 10 JUNE 10 101 FRONT IN THE						
			10 19 That I last saw the deceased						
-1			occurred at AMM, from the causes and on the date stated above.						
		ACTUAL TOUR! TOUR!	, 9005 Harrows Pox GIII'm						
П		Storial One	M.O. 1						
		PHYSICIAN'S A FEMORE TYPE	Dallo 14. Mind,						
	72 0	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF	R CREMATORY / 22d. LOCATION (City, town, or county) (Stole)						
	-	REMOVAL (Specify) JUNE 13 1959 ST JOHN'S LU							
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	1	LAST EVANS + SON 8802 Plant of	Page 15 150						



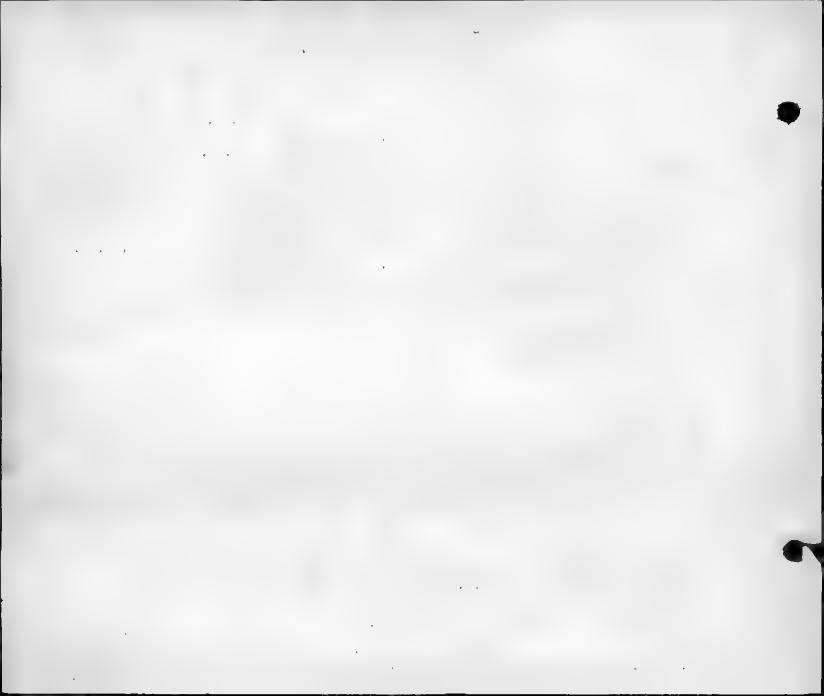
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

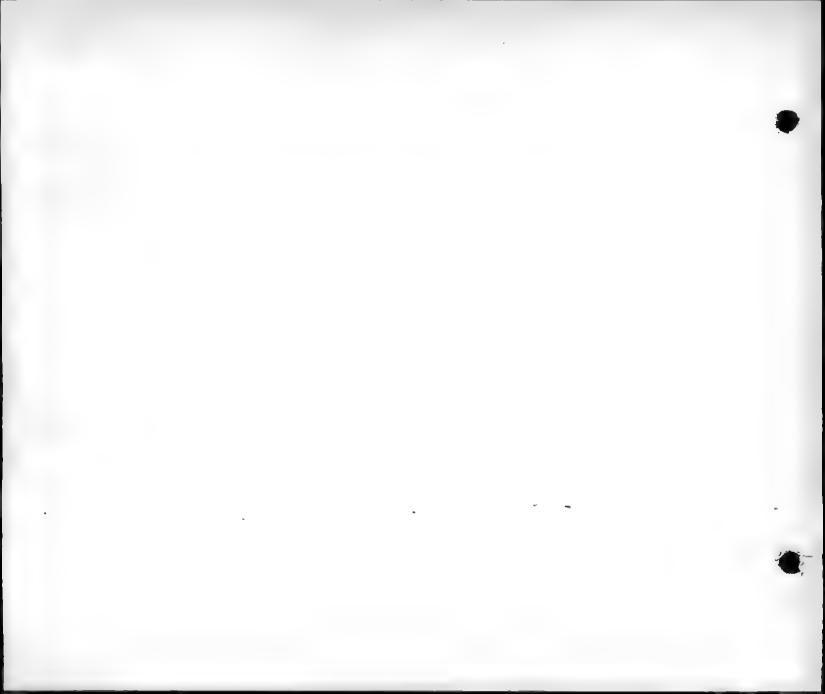
6515 **CERTIFICATE OF DEATH**

06505 Reg. Dist. No.

							_			
1. PLACE OF DEATH Baltimo	re	2 USUAL RESI	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY Prince Geor, ets							
b. CITY OR TOWN (If outside co		C LENGTH OF STAY IN 1	b « CITY OR							
RURAL ond give negrest fown) Catonsville	RURAL ond give recrest town) Catonsville			Washington D. C. 1/2 X 6-						
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street	20 days	d. STREET		و ال وال و				SIDENCE A FARM?	
SPRING GROVE		HOSPITAL	6501 Dale	v. Road	S.E.] ио [
3. NAME OF DECEASED	First	Middle	to		DATE	Month		Doy	Year	
(Type or print)	Robert		Roeske		OF DEATH	Jun	8 7		1959	
		RIED NEVER MARRIED	B DATE OF BIRT		9 AGE		UNDER TYE		7	
male whit	e wibov	/ED 🔼 DIVORCED 🔲	1878		80		Aonths Day	's Hours	Min	
10a. USUAL OCCUPATION (Give kir during most of working life, eve	d of work done 10b	. KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHP	LACE (State or f	oreign country)		12 CITIZEN	OF WHA	T COUNTRY?	
unknovn	ni ii ieinea)			mown			U. S	5. A.		
13. FATHER'S NAME				MAIDEN NAM	\E					
Unknown	1		'	Unknow	ന					
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16	. SOCIAL SECURITY NO. 12	7 INFORMANT			Address				
(Yes, no or unknown) (II yes, give we Unknown	r or dates of service)	Unkriown	Records:	SPRING	GROVE	STAT	E HC:	5.21 TAI	L.	
18. CAUSE OF DEATH [Enter	only one couse per l	ine for (o), (b), and (c)]					110	NTERVAL B	ETWEEN	
PART I DEATH WAS CA	USED BY:	Pulmonary abso	cesses				0	NSET AND	DEATH	
52/x	DUE TO									
Conditions, if any, which	Conditions, if any, which)									
gove rise to immediate	gove rise to immediate Distriction									
lying couse tost.	couse (a), storing the under-									
PART II. OTHER SIGNIFI		CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL	L DISEASE COND	ITION GIVEN	IN PART 1(o	19. WAS	AUTOPSY	
Hypertensive cardiovascular disease - Carcinoma of rectum									DRMED?	
	20a ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of idem 18)									
	KAMINER)									
\$ 20c. TIME OF INJURY Month,	Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY	Home, form, 12	201 (City or town	1)	(Count	ty)	(State)	
20c. TIME OF INJURY Month,	19 While	Not while	factory, street, affic	e bldg., etc.)						
21. I certify that I after	nded the decea	sed from Nav 1	5) to	June 7	19 59 1	hat I last	saw the	deceases	
alive on June 7	. 19		oth occurred at	1:35p A	A from the	COURSE ORG	Lan the	data etat	ad above	
			om occomed at		ORESS (Street, city				ATE SIGNED	
ACTUAL SIGNATURE	caclin	America.	un SPRI				S.TTAI		3-59	
	re Tuerk,	M.D.	Cat	on svill	Le 28, M					
BUTTER (Specify) 6/	TE THEREOF	22c. NAME OF CEMETERY Prospect		220	Washin			(Sto	te)	
23 FUNERAL DIRECTOR'S SIGNATU	RE 473	9 Bartimore	Ave.		rEGISTRAR	246 REGISTR	AR'S SIGNA	TURE		
F Gaschie Sone		tterrilla Md		DATE JIIN	1 1 '59	Oat	has 8 +	C 4		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. A 1. NAME OF DECEASED DATE OF DEATH (Type or Print) legibly. AFTER 3. PLACE OF DEATHS USUAL RESIDENCE (Where deceased lived. Winstitution: residence Baltimore Che, Manual M. COUNTY before admission) (If not in hospital or institution, give street address FULL NAME OF AYS clearly and HOSPITAL OR POINT C. CITY ON TOWN (If outside city Amits, write RURAL and give INSTITUTION township) (Vryral, give location) STREET ADDRESS 3 death SEX WIDOWED, DIVORCED (Specify) COLOR OF RACE 7. AGE In Cars If Under 1 Year L If Weder 2.4 Hours ZEARY'H 国 4 lant birthday) Months Days Hours Min. . USUAL OCCUPATION (Bive kind) TOB. KIND OF BUSINESS OR ste or foreign country) CYTICEN OF 12/ **JANDUSTRY** FATHER'S NAME 14 MOTHER'S MAIDEN NAME the Unkurun Was Deceased Ever in U.S. Armed Forces. SOCIAL Write **INFORMANT** ADDRESS (Yes, no or wakagwn) (If yes, give war or dates of cervice) SECURITY NO. BLACK OR BLUE-BLACK please RE INTERVAL BETWEEN 18. CAUSE OF DEAT 14 2 11 ONEET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Physicians: VITA (This does not mean the mode of dying, c, g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) OF ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, EIVING RISE BUREAU DUE TO supplied. CATION TO THE ABOVE CAUSE (A) STATING THE UNDER-LYING CONDITION LAST. PERMANENT II RTIF THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING carefully TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ы IF OPERATION WAS RELATED TO | 194. DATE OF OPERATION 198. CONDITION FOR BITH 20. AUTOPSY? CAUSE OF DEATH, ENTERMAN WAS PERFORMED ORI PART | OR PART | II informat MUST TYPE, ..., that (I) (we) last saw the deceased alive on..... ₩ PLEASE CATE 23A. _SIGNATURE 23c. DATE SIGNED item M. D. DIRECTOR [] ATTENDING PHYS. [] STARF PHYS. Eveny CERTIFI DATE NAME CEMETERY 24A. BURIAL, CREMA-24C. OF CREMATORY 24D. LOCATION (City, town, or county) OR REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR JUN 3 0 '59 Orthur & House



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6517 CERTIFICATE OF DEATH

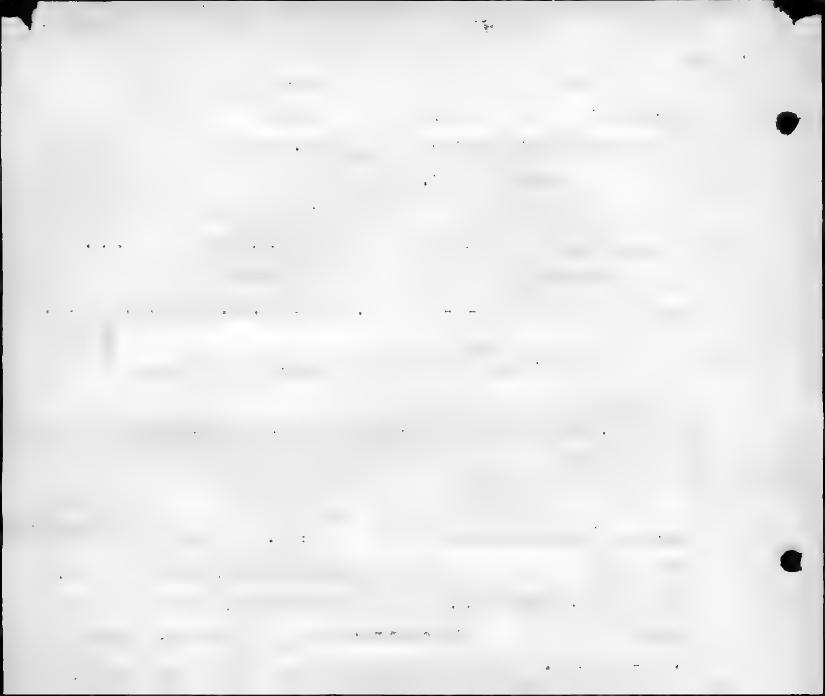
CERTIFICATE OF DEATH

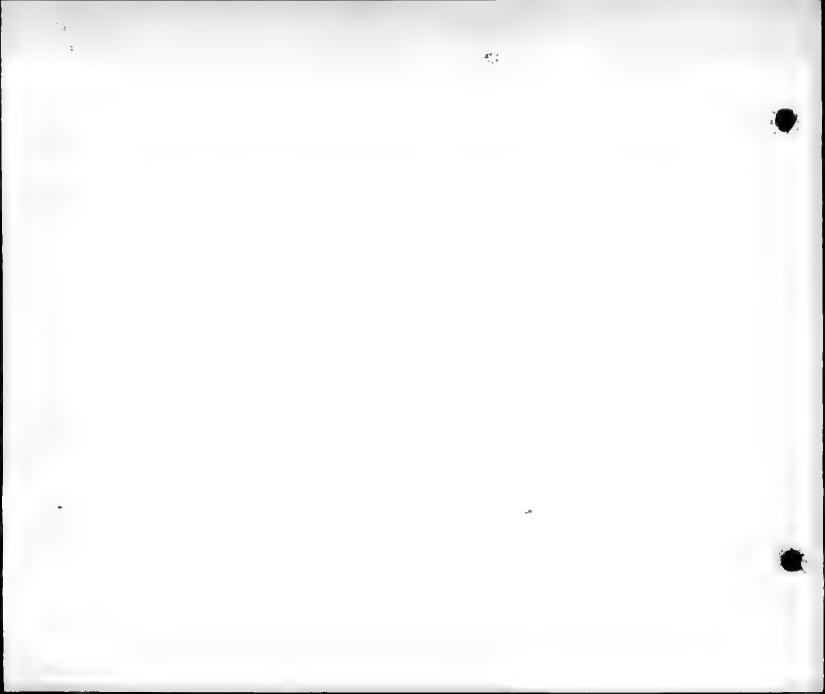
06507

Reg. Dist. No.

8 France

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL		USUAL RESIDENCE (Va. STATE		lived. If institute b. COUNTY	un Residence	s before adm	ission]
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)		s, write c.	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Fort How			69 Days		Balti	more	31	151	id.	
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, gi	ve street odd	ress]		d. STREET ADDRESS					ES-DENCE
	Administrati	ion Ho	spital		222 N.	High St	reet			A FARM?
3 NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mon		Doy	Yeor
(Type or print)	ROSAR		J.		ONDO	DÉATH	JUNE	2	24	19 59
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XXX 8. C	ATE OF BIRTH	9	AGE (In years Jost birthday)		YEAR IF UNI	
Male		WIDOWED [_	بقت السا	1/13/13		15 yrs	Months D	Pays Hours	Min
Our USUAL OCCUPAT during most of wo	ION (Give kind of work dirking life, even if retired)	ane 10b KIN	D OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Sto	le ar foreign cau	intry)		EN OF WHA	T COUNTR
Newspaper		0.00	ewspapers		Baltimor	e, Mary	Land	U.	S.A.	
13. FATHER'S NAME				1	4 MOTHER'S MAIDEN	_				
Ar	thony Rondo				Anna	Mirabi.	Le			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE	ES? 16. SOC	CIAL SECURITY NO	17. INFO	RMANT		Addi	.esz		
Yes	WW II	217	-05-1008	Clin	.Records, V	ets.Ldm	.Hospita	1,Ft.F	loward,	Md.
	ATH [Enter only one cau								INTERVAL E	BETWEEN
PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				ONSET AN					
Canditions, if ony, which) (b) MEDIASTINAL TUMOR WITH EXTENSION INTO MYOCARDIUM										
Canditions, if		YOR W	ITH EXTENS	ION INTO	MYOCAR	DIUM	2 Mor	ths		
gove fite to cause (a), stating										
lying cause fast	lying cause fast. (c)									
PART II OI	Thomsoot	ITIONS CON	TRIBUTING TO DEAT	H BUT NO	RELATED TO THE TER/	MINAL DISEASE	CONDITION CIV	THAT PHAT	1(a) 19 WAS	AUTOPSY
oberacio	n: Thoracoto	only over	23/59 Medi	lasti	nal tumor i	with ext	ension	inti/		ORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	70b DESCRIB	E HOW INJURY OCC	URRED (E	nter nature of injury in	n Part I or Part I	l of dem 18.)			
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of wark of wa							(State)			
₹ p. m.	p. m. 19 of wark of wark									
21. I certify t	hat Valtended the	deceased :	from April	16		une 24		AMORPHO I		
30,000,000,000			ond that d	eath ac	corred at 8:55	P.M. from	the causes a	nd on the	date stat	ted abov
A A	P 1.11	1	01				el, city or tawn,			ATE SIGNE
SIGNATURE_	Then W. C	mw	TING	M.D.	YAH, FOR	P. HOWART	MARYT	AND	6/2	5/50
PHYSICIAN'S			, -		-					~,~,
NAME (Type)	OHN W. CRAWL	PORD, 1	M.D.		VAH FORT	HOWARD	MARYLAI	VD	6/2	5/50
220 BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22	NAME OF CEMETE	RY OR CR			ON (City, lown, o		(Sto	ite)
Burial	6/29/59		Holy Rede	mer.	Cemetery	Be	altimore	Mar	yland	
3 FUNERAL DIRECTO		5009 H	ariord Ros	h	24a. REC	C'D BY REGISTRA		TRAR'S SIGN	ATURE	
Wm. Cook-Bl	ight, Inc.	Baltim		rvla	nd DATE .!	IIN 2 9 150				





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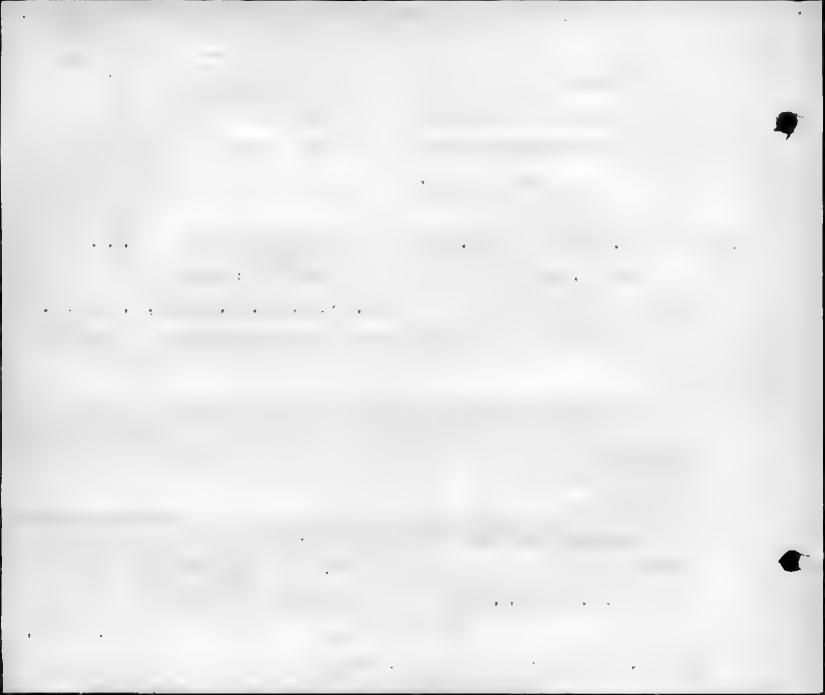
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6519

		1)	U	5	
Reg.	Dist.	N	o .		

COUNTY Balt:	imore	MARYLAN	- 11	a. STATE Mary L			e before admission) timore		
RURAL and give neares	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fort Howard 128 Days			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore					
OR INSTITUTION	d NAME OF HOSPITAL (if not in hospital, give street of OR INSTITUT ON Veterans Administration			d street address Lit Wade A		e IS RESIDENCE ON A FARM? YES ☐ NO ♣			
3 NAME OF DECEASED (Type or print)	First JOHN	Middle E ⊕		lost UFF	4. DATE OF DEATH JUN	Month 27	Day Year 19 59		
	color or race 7. MAR WIDOW	RIED NEVER MARRIED DE DIVORCED		/2/12	9 AGE (In lost birth		YEAR IF UNDER 24 HRS Days Hours Min		
100. USUAL OCCUPATION (during most of working Road Equip. Ope 13. FATHER'S NAME	ire, even it rented	KIND OF BUSINESS OR IN		Catonsville	e, Maryland		ZEN OF WHAT COUNTRY		
	V. Ruff			4. MOTHER'S MAIDEN N	MN: -	MAKE	210		
15. WAS DECEASED EVER IN				Records, Ve	ts.Adm.Hosp	Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE BY IMMEDIATE CAUSE OF DEATH PART I DEATH WAS CAUSED BY IMMEDIATE									
200. ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	Aonth, Day, Year 20d. I	Not while	PLACE	of INJURY (Hame, farm, street, affice bldg, etc.)	20f (City or town)		ounty) (State)		
	Grand at well	ed from Februar	7 19	1959 to Ju	ne 27 19	59 magg	11010101000		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	B. COPE. M.D.	ocos, and that dec	ath ac	VAH, FORT	M, from the cau ADDRESS (Street, city or HOWARD MAR	ses and an the town, stote) YIAND	e date stated above. DATE SIGNED		
	225. DATE THEREOF 7-1-59	22c NAME OF CEMETERS New Cathed		EMATORY	22d LOCATION (City 1	**	(State) Rd. Balto, Md.		
23. FUNERAL DIRECTOR'S SK George A. Farl		ADDRESS me, Baltimore	Mar			Clattun 2	NATURE		



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O DEPUTY MINICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is not please ext		E.	SEC	or removal.
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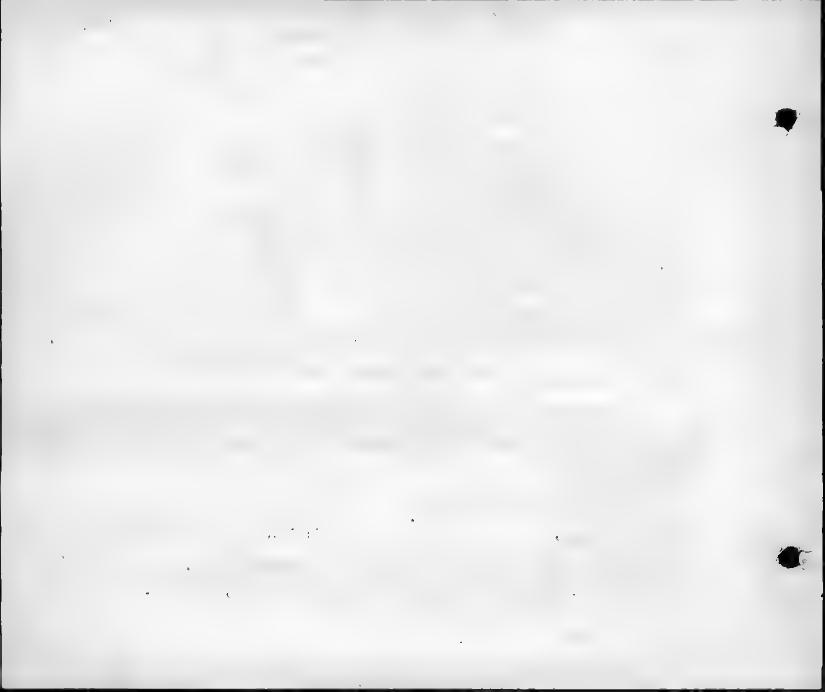
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 6520MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
2. USUAL RESIDENCE (Where described lived, if Instit	tution, Residence before admiss

	PLACE OF DEATH O. COUNTY			SIDENCE (Where deceased liv	T. Wallet Williams	'			
_	BALTIMORE	MARYLAND	MANILIAND DALITIONE						
'	COLTY OR TOWN III outside corporale limits, write RURAL and give nearest town) E SEX	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. ESSEX						
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET	ADDRESS		e. IS RESIDENCE			
	8104 EASTERN AVENUE		/ 81	04 EASTERN	AVENUE	YES NOT			
	NAME OF DECEASED (Type or print) Charles H	enry SA	ch 5	4. DATE OF DEATH	June 8	Day Year 19 5 9			
5. 3	SEX 6. COLOR OR RACE 7. MARRIES	NEVER MARRIED [8.	DATE OF BIRTI	9 AC	DE (In years IF UNDER	YEAR IF UNDER 24 HRS.			
_	MALE WHETE WIDOWED			7,1885	J yn. □	Days Hours Min.			
100	USUAL OCCUPATION (Give kind of work done lob. KI during mesh of working life, even if retired)	and an				S.A.			
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME					
	HENRY SACHS			CARRIE SEABO	DDE				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	OPENTE!	MA WEGMAN	Address STS	TER			
{Ye	NO 218			HERINE SACE		ER IN LAW			
F	18. CAUSE OF DEATH [Enter only one cause per line to		10 11212	TIMETAL DEFOI	10 010	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	in tall tall and tell	celu			ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	mary la	cceu	311		munu			
	4 DUE TO	,							
	Conditions, if any, which (b)								
	gave rise to immediate cause (a), stating the underlying DUE TO	, / /) /	1	Λ	>			
	cause last. (c) /TC/	ections ine C	quallo	an culen o	le ouse	1 year			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	HIRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINALDISEASE CON	IDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED? YES NO			
ERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	ter nature of ir	jury in Part I ar Part II of ite	m 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur c. m. p. m. 19 40d. IN While at worl	Not while facto	E OF INJURY (ry, street, office		wn) (Cau	nty) (state)			
	21. I certify that I took charge of the re	moins described above	e, held on	Autopsy . Inspec	ction [], Inquir	(K), and find that			
	death resulted from:) Natural couses 🔀	Accident II. Suic	ide 🗍 . H		ermined cause				
	1 / 10 0 /1	10							
	ACTUAL SIGNATURE OCH CO	llus	M.D. CHIEF A	MEDICAL EXAMINER		DATE SIGNED			
	EXAMINER'S JACK & P.	11.25		MEDICAL EXAMINER MEDICAL EXAMINER		6-8-59			
220	BURIAL CREMATION, 22b. DATE THEREOF	2c. NAME OF CEMETERY OR	REMATORY	22d, LOCATION	(City, town, or county)	(State)			
	BURIAL 6/9/59	WOODLAWN CE	METERY	MOODI	JAWN MARYL	AND			
23.	FUNERAL DIRECTOR'S SIGNATURE SONS II	ADORESS		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIG				
		NG.		DATESUN 1 0 '59	aritus 3. 1	Coastal.			
-	RAITTMORE 12 MARYLANI								





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6522 **CERTIFICATE OF DEATH** WITH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission Paul a COUNTY g. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ONSON DWSON d NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS NOR NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED THEVER MARRIED 8. DATE OF BIRTH WIDOWED [DIVORCED [cample papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPEACE (Stole or foreign country) during most of working life, even if retired) pup carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 듄 **Move** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)

Day, Year

21. I certify that I attended the deceased from

22b. DATE THEREOF

20d, INJURY OCCURRED

of work of work

Not while

White

20e. PLACE OF INJURY (Home, form,

and that death occurred at _________

22c. NAME OF CEMETERY OR CREMATORY

foctory, street, office bldg., etc.)

20c TIME OF INJURY Month,

p. m

Hour o.m

alive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO Month Year 195 UNF 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 H Months Days 12 CITIZEN OF WHAT COUNTRY? COOK KESWICK INTERVAL BETWEEN ONSET AND DEATH C-V. Runal WAS AUTOPSY PERFORMED? YES | NO [20f (City or town) (County) (State) Athat I last saw the deceased M, from the causes and on the date stated above ADDRESS (Street, city or town, stole) **DATE SIGNED** 22d LOCATION (City, town, or county) (Stole) 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling & Krone

Rea. Dist. No.

b COUNTY

TO FUNERAL I VS A15 (4) 15M 10/57

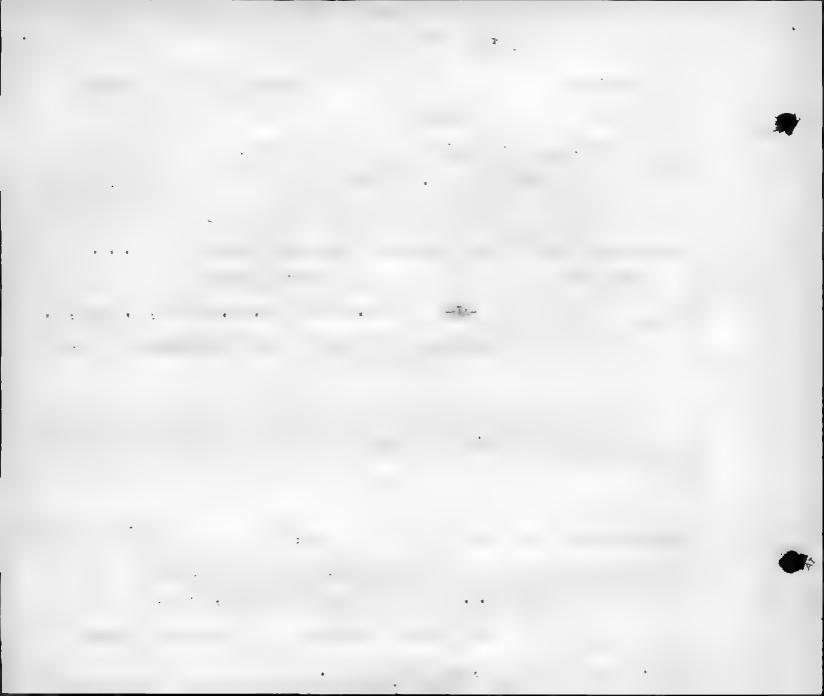
shauld



Χ.		0500	CATE OF DEATH Reg. Dist. No.
		PLACE OF DEATH O. COUNTY Baltimore MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b. COUNTY
	F	b. CITY OR TOWN (If outside corporate limits, write RUSAL and give negrest fown) OFF HOWARD 57 days	
^		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Teterans Administration Hospital	d STREET ADDRESS 2233 Essex Street e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3.	NAME OF First Middle DECEASED Type or print) LAWRENCE J.	Lost 4. DATE Month Doy Yeor SAS DEATH June 27 19 59
	5 \$	Male White WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) August 7, 1892 66 yrs Manths Days Hours Min.
	Ų.	USJAL OCCUPATION (Give kind of work dane during most of working life, even if relired) Ulcanizer Tire Factory	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland U.S.A.
	C	FATHER'S NAME Seph Sas	14. MOTHER'S MAIDEN NAME Catherine Gzeck
	1S. (Yes	t, no. or unknown) (If yes, give war or dates of service)	Clinical Rec. VA Hospital, Ft. Howard, Md.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)]	RIGHT LUNG INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	CATION	Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (b) DUE TO (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CLOSED PERFORMED?
			e drainage 5/7/59 RRED. (Enter noture of injury in Port I or Port II of item 18)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Heur a. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State factory, street, office bldg., etc.)
		2610-2010-000000000000000000000000000000	oth occurred of 5:20P, M, from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGN
1		ACTUAL SIGNATURE (1. 5. Cgp o, M.D. PHYSICIAN'S NAME (Type) C. B. COPE, M.D.	VA Hospital, Ft. Howard, Md. 6/27/59 VA Hospital, Ft. Howard, Md. 6/27/59
	220.	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETER	
	1 N	Harls D. SADOWSKI FUNDRAL HOME 1937 GO	gh of batter 1246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE: 1975 Outling & Konstanting St. Balto. Md.



. 1 %	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06514
4 12	6524 CERTIFICATE OF DEATH Reg. Dist. No.
Poge directo	1. PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where decreased lived if institution Residence before admission) o. STATE Maryland Baltimore
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard C. LENGTH OF STAY IN 1b Baltimore
2 shou	d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM?
hours and 2	Veterans Administration Hospital 408 Edsdale Road 3 NAME OF DECEASED First Middle Lost 4. DATE Manth Day Year
in 24 fillec iges 1	(Type or print) NORMAN W. SAUER DEATH JUNE 27 19 59
d within pletely fi	Male White WIDOWED DIVORCED 1/6/96 lost birthday) Months Days Hours Min
d com	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
E 0 7	Accident Investigator State of Maryland Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician move cor haurs the	Werner Sauer Catherine Daubert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
certifi ng ph remy 72 ho	Yes WW I 212-16927 Clin.Records, Vets. Adm. Hospital. Ft. Howard, Md.
leath endii ilthin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN
that the death certificate be by the attending physician of the please remove carboy event within 72 haurs piece.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GEREBROVASCULAR ACCIDENT WITH DEFT HEMIPARESIS TEARS DUE TO
requires the solution of the s	Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last (c)
hysicia s been l'tron vol, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
IAN: The ending p ficate ha or rema	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOTE: 2004. ACCIDENT WAS UNDERLYING OF OPEN OF CONTRIBUTING OF CONTRIBUTIONS CONTR
PHYSIC al ar att this certi this certi to use as emation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of wark p. m 19 of wark placed wark 19 of wark
ING ospit fiter of fo	21. I certify that Kattended the deceased from May 22 19.59, to June 27
ECOR: A be detache or to burie	ACTUAL SIGNATURE M.D. VAH. Fort Howard, Mary land
ITAL OR retained RAL DIRE shauld b stror prio	PHYSICIAN'S MOSES LICHTIG, M.D. VAH, Fort Howard, Maryland 6/28/59
HOSPITAL oy be reto FUNERAL ogs 3 shou e registror	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State)
TO HO moy TO FUN page the re	Phrial July / 90 New Cathedral Cemetery Baltimore, Maryland 23. FUNERALDIRECTOR SIGNAUR. ADDRESS 240. REGISTRAR 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57	John F. Toufel Funeral Home 5311 Edmondson Ave DATE JUN 3 0 '59 Cirling & Kings
	Baltimore, Maryland



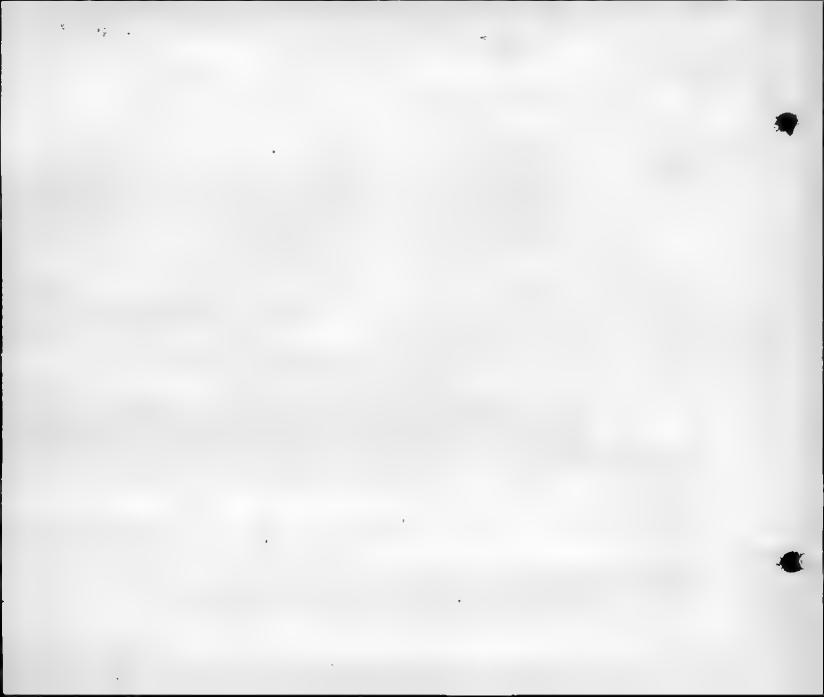
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6525 CERTIFICATE OF DEATH

106515 Reg. Dist. No.

				Me gr Dist	. 110.				
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar		institution: Residence OUNTY	s before admission)				
b CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) CationSVIIIe	LENGTH OF STAY IN 16 LYP7mth3dys	Ealtimore	utside corporate limits	write RURAL and gr	ve nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	_		e. IS RESIDENCE				
SPRING GROVE STATE HOS	SPITAL	914 S.	Carey St	reet	YES NO				
3. NAME OF SWETTA SOVERFUL (C) (Type or print) Sweater	VETA SAVINO	Savern	4. DATE OF DEATH	Month June	22 19 59				
5 SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IF UNDER 1	YEAR IF UNDER 24 HRS				
male white woows	DIVORCED 📆	March 22, 18	375 84	thdoy) Months D	Doys Hours Min				
100 USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY				
laborer 76	ANSH CO-BALTO	md Yugoslavia	2.	Yv	ngoslavia '				
13. FATHER'S NAME		14 MOTHER'S MAIDEN N			-0				
Michael Savin		Katie							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address					
unknown NO		ecords: SPRIN	G GROVE	STATE HO	SPITAL				
1B. CAUSE OF DEATH [Enter only one couse per lin					INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(AU) I, UCAID WAS CAUSED BI: PILLIMOTES FOU OFFICIAL								
4221 DUE TO									
and the second s	Arterio sclerot	tic cardiovasc	ular disea	ıse					
gave rise to immediate DUE TO									
lying cause tast. (c) G	eneralized art	teriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item	18.)					
	1 [-	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(Co	ounty) (State)				
Hour a.m. 19 While at work									
21. I certify that I attended the decease	ed from Jan. 20	3 , 19 ⁵⁸ , 1a , i	Juna 22	12 59 .that I la	ost saw the deceased				
alive an June 22 , 1959	, and that death								
			LDDRESS (Street, city of		DATE SIGNED				
ACTUAL SIGNATURE SIGNATURE	asles	M.D. SPRING (TROVE STA	TE HOSPIT	TAL 6-22-59				
PHYSICIAN'S Stella Wachsler	, M. D.	_Catons vi 1]	le 28. Mar	yland					
220. RURIAL CREMATION, 226 DATE THEREOF TO WE 1959	DEN HAVE		22d. LOCATION (City A.A.		(State)				
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1 all	24g. REC'D	BY REGISTRAR 24	b. REGISTRAR'S SIGN	NATURE				
MATTER 19. mli acto	x/ Strice	PATER UP	2 4 '59	Onthrop & 1	Kraus				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 6525 Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residency before admission) o. COUNTY o. STATE Baltimore b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If aytside corporate limits, write RURAL and give nearest town) RHIJAL and give intonest town) Parkville d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Putty Hill Ave 5 puo NAME OF First DECEASED Margaret (Type or print) 5. SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE (In years last-burthday) Months temale WIDOWED [DIVORCED | yes 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dyring most of working life, even if retired) er deor Maruland and Tousewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car O'Connell Ihomas hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Same Building Henry 18. CAUSE OF DEATH [Enter only one cause per line for (o)/(b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gned gove rise to immediate DUE TO 8 couse (a), stating the under**burial-transit** lying couse fost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Jem 18) 20c TIME OF INJURY Month, Day 20e_PLACE OF INJURY (Home, form - 20f. (Cily or lown) Your 20d INJURY OCCURRED factory, street, affice bidge, etc.) Hour o m While Not while at work 🔲 ol work p. m. 21. I certify that I aftended the deceased from =, 19___that I last sow the deceased and that death occurred at 33 olive on M, from the couses and an the date stated above. ADDRESS (Street skilly or low SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

110.

Kedeemer

DIR should FUNERAL F Poge o 0

PHYSICIAN'S NAME (Type)

REMIDVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 22b DATE THEREOF

VS A15 (4) 15M 10/57

24o, REC'D BY REGISTRAR DATE JUN 8

24b REGISTRAR'S SIGNATURE

22d LOCATION (City lown, or county)

arthur S. Kraus

(County)

06516

e. IS RESIDENCE

ON A FARM?

YES 🔲 NO 🔯

Year

19

Hours

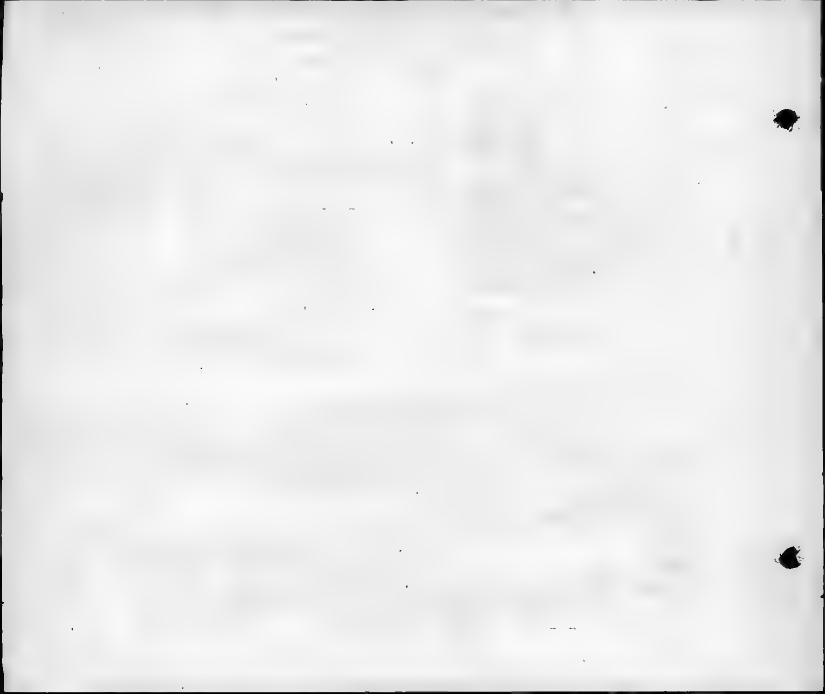
INTERVAL BETWEEN

PERFORMED? YES [NO

(State)

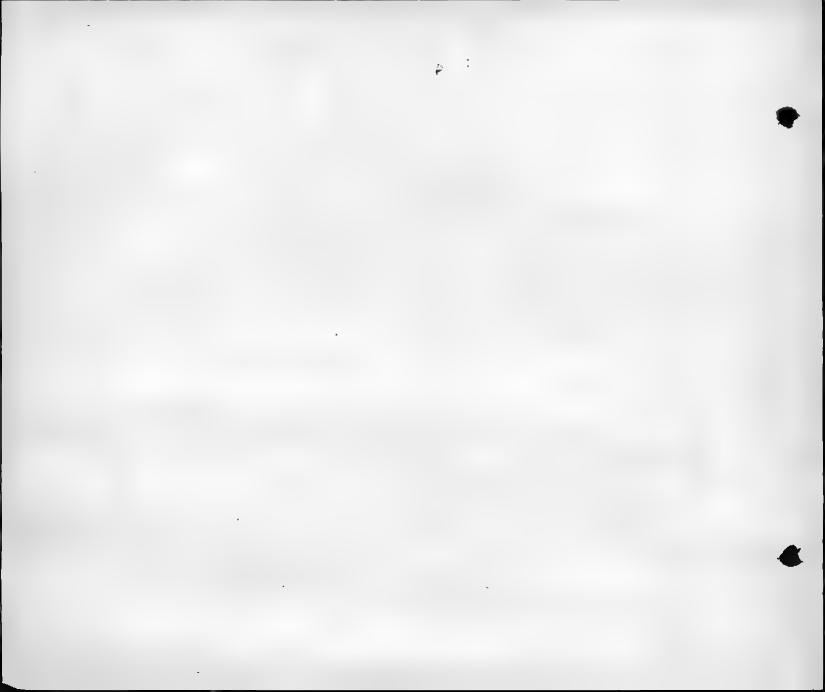
DATE SIGNED

Days



Page

within



ADDRESS

24a, REC'D BY REGISTRAR

DATE JUN 3 0 '59

24b. REGISTRAR'S SIGNATURE

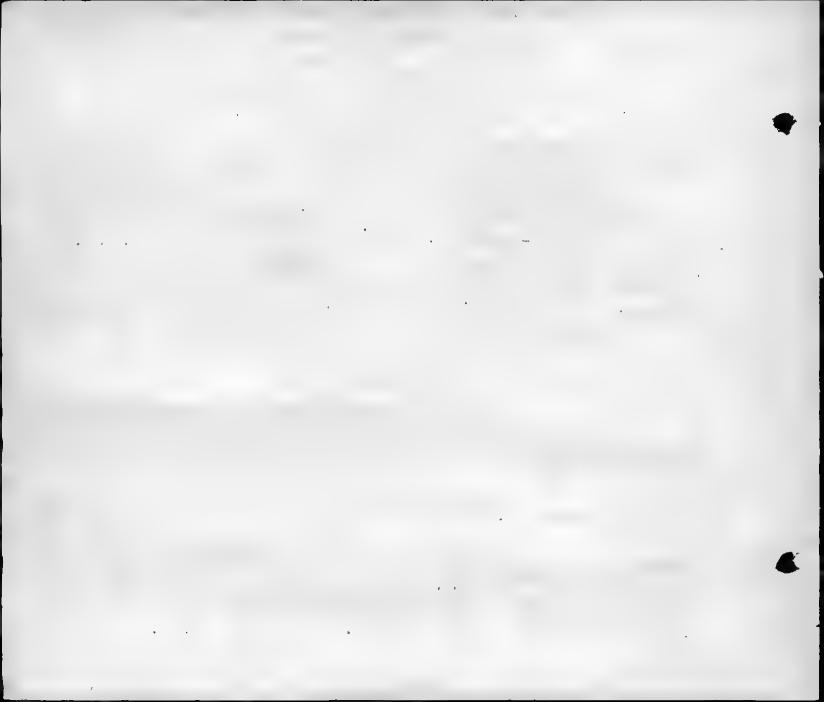
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VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6529 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Catonsville lvrllmth23dvs Randallstown, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
SPRING GROVE STATE HOSPITAL IS RESIDENCE ON A FARM? STREET ADDRESS YES T NO T HOSPITAL McDonough Road NAME OF First 4. DATE Middle Manth Day Year DECEASED Winfield (Type or print) Scott DEATH IIMe 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lasi birihday) 87 yrs Months Days Hours male WIDOWED | DIVORCED | March 19, 1872 100. USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. gud construction worker - Cappenter -- Lumber Mary land carbon ofter FATHER'S NAME 14 MOTHER'S MAIDEN NAME Uddedahd Sarah Elizabeth Kendall Stephen Darius Scott WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address 212-26-9080 Records: SPRING STATE HOSPITAL. עושוטיויסיניאישעע 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19, WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f (City or town) (State) (County) factory, street, affice bldg., etc.) Hour a m. While Not while at work at work 19 58 April 8 21. I certify that I attended the deceased from 19.1.7 that I last saw the deceased and that death accurred at A.M. from the causes and on the date stated above. 80 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE SPRING GROVE should Isadore Tuerk. M.D. ā PHYSICIAN'S Catonsville 28. Maryland NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) REMOVAL (Specify) Baltimore, Md. Loudon Park Cem. Burial 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE arthur S. Kines



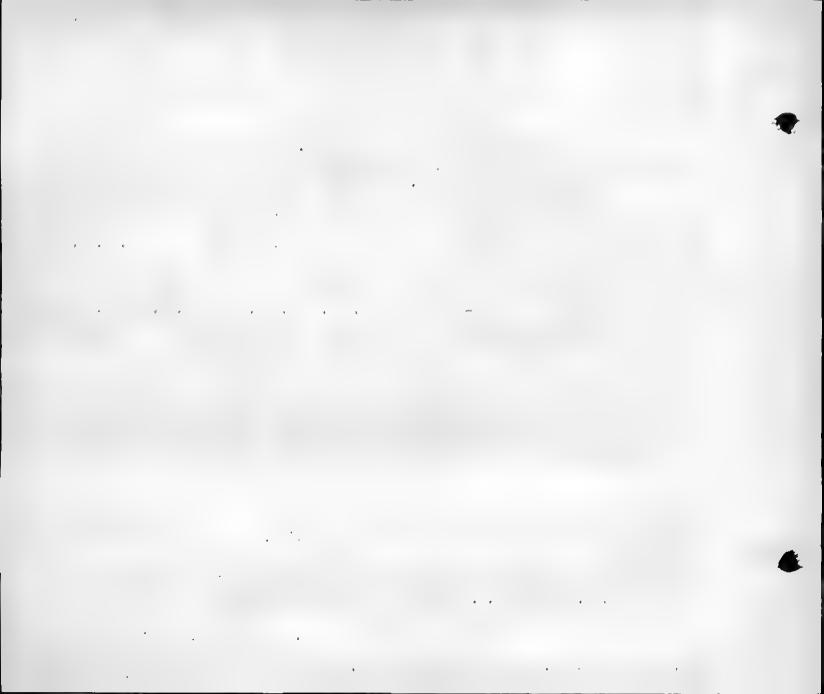
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15M 9/58

06520Reg. Dist. No. MOVP IS RESIDENCE ON A FARM? YES NO D Month Day Year JNP IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO 19 (State) (County) .. 1957, that I last saw the deceased

arthur & Kraus





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6532

CERTIFICATE OF DEATH

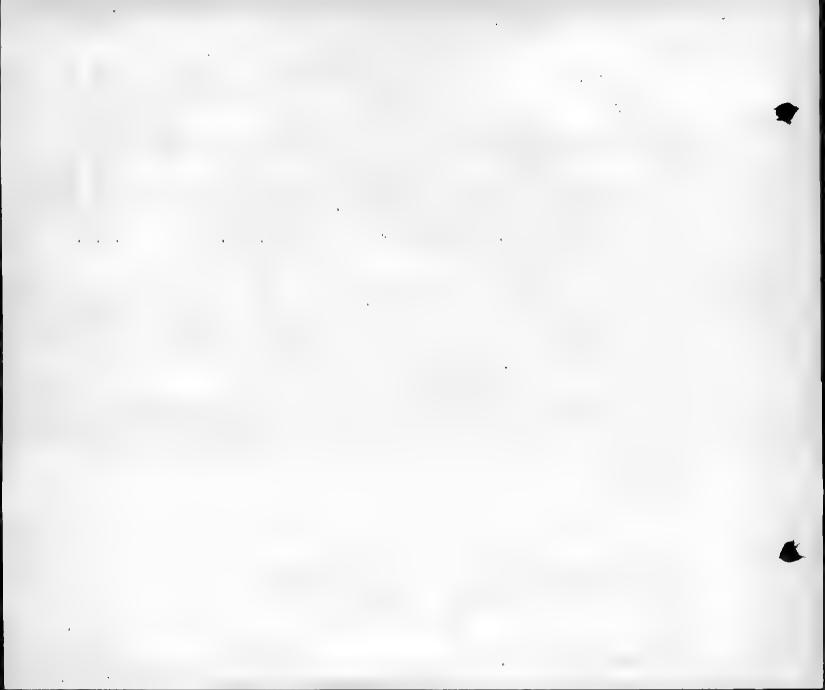
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			00075	CERTIF	ICATE OF L	ZEATH	Reg. Dist. N	. Dist. No.			
	1	PLACE OF DEATH				DENCE (Where deced	sed lived. If institution	Residence be	efore admiss on)		
		BALTIN	MORE	MARYLA	MARY	LAND	b. COUNTY	BALTI	MORE		
		b CITY OR TOWN (II RURAL and give ne	f outside corporate limits, write	c LENGTH OF STAY IN	t b c City OR 1	OWN (If outside cor	porote limits, write RUR.	At and give i	nearest fown)		
		GARRIS		two Day	BALT	IMORE 2	* V	151	7		
			'AL (If not in hospital, give stree	t oddress)	d. STREET A	DDRESS			e IS RESIDENCE ON A FARM?		
		FOXLEIG	H NURSING HOL	M.E.	1527	EAST NO	RTH AVENU	E	YES NO 🔏		
		NAME OF DECEASED (Type or print)	BERTHA	Middle	SH AFFE	4. DATE OF DEAT			Day Year		
	5 :	SEX		RRIED NEVER MARRIED	8 DATE OF BIRTI	н		UNDER I YE	AR IF UNDER 24 HRS		
		F	W WIDOW	_	Second 2	6.1894		Aonths Doy	s Hours Min		
	100	. USUAL OCCUPATIO	ON (Give kind of work done 10b	. KIND OF BUSINESS OR			country)	12.CITIZEN	OF WHAT COUNTRY?		
	F	TÄÏLÖR	MENS CLOTHII	NE MANUFAC	CTURER	BALTO. M	D.	U.S	. A.		
	13.	FATHER'S NAME			14 MOTHER'S	MAIDEN NAME					
l.		BERNA	ARD SCHAEFER		MA	RGARET U	LRICH				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO	INFORMANT		Address				
	1 1 40	NO unknown)	(If yee, give wer or dates of service)	05 3639	MR. THOM	AS MAY	820 EAST	NORTH	AVENUE		
		18. CAUSE OF DEA	TH [Enter only one couse per l	line for (o), (b), and (c).]	**			111	NTERVAL BETWEEN		
		PART I DEA	TH WAS CAUSED BY MMEDIATE CAUSE (6)	BOTAUCTIVE	E JAUNT	DICE		0	1 M Vritto		
		175.0	DUE TO		^						
		Conditions, if or		bdommo &	Carryo	matoria			intercon		
		gove rise to in couse (o), storing t		. 80	-11-		,		,		
	_	lying couse lost.	(c) Fa	jullan of	stadenoc	arculom	2 01,000	62	etterer.		
`	2 0 2	PART IF OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEXT	H BUT NOT RELATED TO	THE TERMINAL DISE	ASE COMDITION GIVEN	LING PART 1(0	19 WAS AUTOPSY PERFORMED?		
2	3								YES NOZ		
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 20% DET (1) CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCC	URRED (Enter noture o	f injury in Port 1 or P	ort II of item 18.)				
	WEDICAL		4.		e. PLACE OF INJURY I	Home, form, 20f (C	ity or town)	(Coun	ty) (State)		
	WED	Hour o.m.	19 White		ibeloty, sites, differ	, blog., elc.)					
		21. I certify th	at I attended the decea	sed from RPRIL	11 , 19:59	. to JUNE	195 <i>9,</i> th	at Llast s	aw the deceased		
		alive an [V]			eath occurred at	730 H M. from	n the causes and				
				00-			(Street, city or town sto		DATE SIGNED		
		ACTUAL SIGNATURE IL	relience Obs.	in nw	/4-	12 Parl	a Aue				
1		PHYSICIAN'S NAME (Type)	ICHARD!	DHA	HN O	Balto 1	7 md				
	220	BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. LOC	CATION (City, town, or o	county)	(Stole)		
]	BURIAL (Specify)	6/5/59	GARDEN_C	OF FAITHS	В	ALTIMORE	MARYL	LAND.		
	23	FUNERAL DIRECTOR	SIGNATURE & SONS	INCORESS		24g REC'D BY REG					
		_BALTIMOJ		2210		DATE JUN 4	1 '59 a	lathur &	Thomas		

may be retained. The haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR VS A1S (4) ISM 9/SB

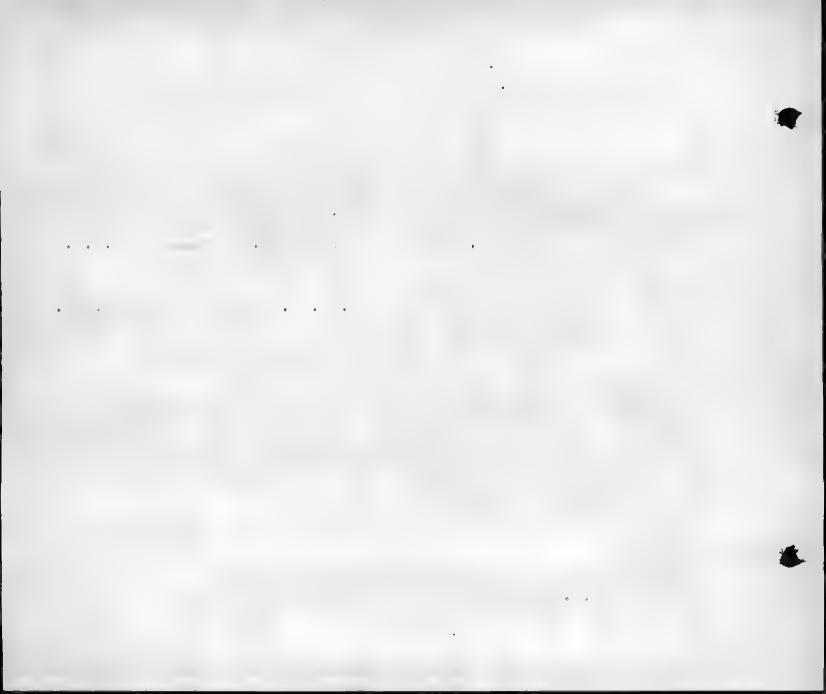
the registrar priar ta burial, cremation, ar remaval, and in any event within 72 hours after death



14	PLACE OF DEATH	altimore		_		1	. USUAL RESIDENCE (Where decea		If institute			
-	b CITY OR TOWN (. 4. 10.40.54	- 15h	MARY GTH OF STAY		****					ice G	
	and give nearest own	"1	WY 18 KDKAL		- · · · · · · · · · · · · · · · · · · ·		c CITY OR TOWN (_			UKAL and	åise uente	asi lov
-	Catonsvi		N. Uf and in h		r3mthl2		Takoma de STREET ADDRESS	Fark,	Mary I	ana	14 -	<u></u>	IS RE
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nude.	PRING GRO	VE STATI	75.5	ZI IAL		يان. ــ	1208_E	and the state of the spinish of	Lace	<u> </u>			ES _
	DECEASED (Type or print)	w.	fint		Middle		Lost	4 DATE OF DEATH		Month		Day	Y
J.—	SEX	6, COLOR OR RA	rvey	outp (T)	Lee		Sherier	DEATH	O ACE	June	FUNDER 1	7	1
) "	male	whi to	WIDOW		DIVORCED I			23	9 AGE (Figure 1978)	rdoy]			OUN
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1			ed)	AIN OF	VUODINESS OK I	- ADOSIKY	11. BIRTHPLACE (Stot					_	
13	blacksmit					la.	Washing Majoen). U.		<u>J y</u>	[. S.	_A.
1.3		C. Sherie	. 90						. la				
14	WAS DECEASED EV		-	A SOCIA!	CECTIBITY AIC	17 INFO		1. Buro	n	Address			
[Y4	inknown	(If yes, give war or do!	es at service)	unkh	T			307.10	an a m				
						Tine	cords: _S	PRING_	<u>GROV</u>	<u> で スポ</u>	ALE.	HOSP.	
		ATH [Enter only one TH WAS CAUSED B					1.3					INTERVAL ONSET AN	BETWE
		IMMEDIATE CAUS	(c)(onges.	tive he	art I	arrure						
	422.	BUE.					5.0						
	Conditions, if a	digte couse	(0)	rveri	Da CTO LO.	tlc c	ardiovascu	lar al	sease				
	(a), staling the	underlying DUE	TO								1		
,		UER EIGNIEIGANT A	(c)	CONTRIBUTION	C NC TO DIAT	L BUIT NOT	BELLIED TO THE TEN	415 (1) m le 6 4 e	C COLUMN			<u> </u>	
B	PART II, CIT	HER SIGNALIAN C	O-4DINOR43	01111100	ino 10 ptwii	1 801 401	RELATED TO THE TERM	MINAL DISCAS	r COMDII	ION GIVE	Y IN PART		
5	200 EXTERNAL CA	LISE WAS	205 DESCR	IRE HOW I	MILIBY OCCUP	PED /Ente	noture of injury in Po	-0 1 B0 41	-4.4. 11	a :	7 20	YES	
CEPTER	20a. EXTERNAL CAL PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING 🗆	fell	. str	iking r	t. s	de against	tanash	hagi:	n su	2-20-	יסק על	ati for
	20c. TIME OF INJU	RY Month, Doy,	Year 20d	1th a	nd Idtr	rib	de agains posterior FINJURY (Home, los	201 (6)4	DCCD II.	113 00	э оаш	TILE .	110
MEDICAL	Hour o.m.		Wh	ule h	tot white	DUCTOTY,	THEEL OFFICE DIGG , BR	Lift (
¥	10:20 socc				i work		pyal	Ca	tons	ville	28	Mary	
							held an Autop						and
	opinian death	resulted from:	Natural	causes	Accid	ient [,	Suicide 🔲,	Homicide		Undelern	nined m	anner	
	ACTIVAL /	01 1	on. 1	U.	00							D.f	ATE S
	ACTUAL SIGNATURE	Let.	The state of the s	ref	fer	M	.D. CHIEF MEDICAL E					U.	-14 3
	EXAMINER'S	Gooran 3	Vale	500	15 P		ASSISTANT MEDIC					6-1	7_5
_	NAME (Type)	George M		Ter,	M. D.		DEPUTY MEDICAL						
	BURIAL CREMATIC	N 226 DATE THE	REOF	122c. NA	ME OF CEMETE	RY OR CRI	MATORY	22d, LOCA	TION ICTIS	Imus or	county)		(Stote
220	REMOVAL (Specify)			1 /	111	15/1	1 13	1	7		-		(JIOIL



DEPUTY

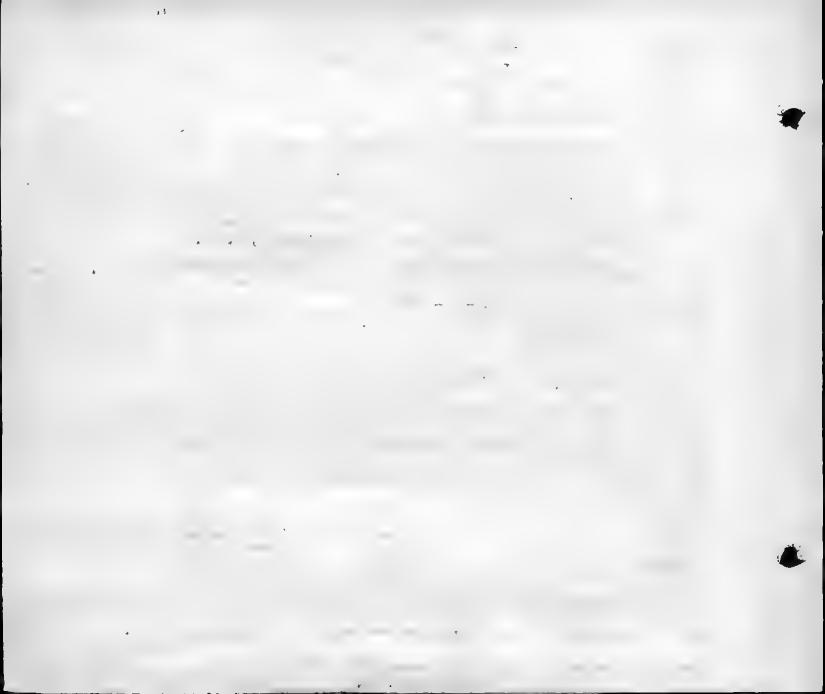


Randallstown.

Md.

death: Page

death certificate



CERTIFICATE OF DEATH

		UUQU				Keg. Dist. 140	7.		
}	. 4	PLACE OF DEATH COUNTY	MARYLANE	o. STATE	ere deceased lived If institution b. COUNTY	,			
			Ma .	Maryran		Baltim			
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If a	outside corporate limits, write (URAL and give ne	arest town)		
		Long Green	Life	X Long Gr	een, Marylai	nd			
	1	d NAME OF HOSP TAL (If not in hospital give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			B IS RESIDENCE		
		Long Green , Md.		Same			ON A FARM? YES (7) NO		
	3.	NAME OF First DECEASED	Middle	Lost	4. DATE Mor	nth D	loy Year		
		(Type or print) Eleanor	Green	Smi th	DEATH June	10,	19 59		
	5. 5	EX 6. COLOR OR RACE 7 MARRI	EDT NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years		R IF UNDER 24 HRS		
		Female White WIDOWE		July 24. 18	88 lost birthday)	Months Days	Hours Min		
	10a	USUAL OCCUPATION (Give kind of work done 10b. to during most of working life, even if retired)	KIND OF BUSINESS OR INI	9 1	or foreign country)	12 CITIZEN	OF WHAT COUNTRY?		
\		Housewife Housewife		Long Gre		11	SA		
)	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N			<u> </u>		
		Dr. John S. Green. St	r.	Ella Bal	dwin				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		. INFORMANT		iress			
	[Yas	(If yes, give wor or dates of service)		J. Jackson	Smith				
		18. CAUSE OF DEATH [Enter only one couse per line	e for (a) (b) and (c))			LINI	TERVAL BETWEEN		
		PART 1. DEATH WAS CAUSED BY	a. A. a. A. d. D. I	Thomas	hac is a	ON	SET AND DEATH		
		IMMEDIATE CAUSE (6)	PILOTVOU	4 1 13/10/1	NO212 E	2	1 C MOUNT		
		DUE TO DISCONTINUE CONTRACTOR DESCRIPTION							
		Conditions, if ony, which gove rise to immediate (b)							
		couse (o), stoting the under-					0		
	7	lying cause lost (c)							
7	101	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNINBUTING TO DEATH B	FUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(6)	PERFORMED?		
	7						YES NO Z		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED, (Enter noture of injury in I	Port I or Port II of item 18.)				
	1 1			<u> </u>					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d IN Hour o. m While	UURY OCCURRED 20e.	PLACE OF INJURY (Hame, form factory, street, office bldg., etc.	. [20f. (City or town)	(County)) (Stote)		
	ME	p. m 19 of work		_ <,					
		21. I certify that l'attended the decease	ed from 317	1956, 10 (0/10 193	\mathcal{I}_{t} that I last s	aw the deceased		
		alive \$6 6/9 195	9 ord that dec	ith accurred at 4P.	M, from the causes of	ind an the do	ate stated above		
		(Libb of	7//	1 /	ADDRESS (Street, city or/town,		DATE SIGNED		
		SIGNATURE A COUNTY	1401000	03.7	JOHR.	The	V.		
		11/1/15	~\ +-	// \	4		1/ 1/5		
		NAME (Type) CLIFEO	RDF	HUDSO.	N	-0/K	KIVLD.		
	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town,	or county)	(Śtate)		
		Burial June 13, 195		t Grove	Sweet Air	Md			
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESSPresb	. Cem . 240. REC'	D BY REGISTRAR 246. REGI	ISTRAR'S SIGNATU	IRE		
		Henry W. Jenkins & So:	ns Co Ba	1 to Md. DATE UN	11 2 59	et 0 4.			

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death. eath. Page 4 INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 10/57



246 REGISTRAR'S SIGNATURA

REC'D BY REGISTRAR

VS A15 [4]

thot the



may be retoined 2, the hospital or attending physician. TO FUNERAL DIRECTOR: After this conficult ligs been signed by the attending physician and nampletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremotian, or remaval, and in any event within 72 hours after degition.

VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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06528 Reg. Dist. No.

PLACE o. COI	OF DEATH			44.4.83		2. USUAL RESID		_	lived If 'rishiti	TV			ian)
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	AL and give ne	outside carparate limit prest lawn)	is, write	c. LENGTH OF STAY	IN 16		Ť	ilside carpor	ate limits, write	RURAL	L ond give ne	earest lown)
LANGE	Tows					Towson				4	L age		
OR	INSTITUTION	At (If not in hospital, g	IAG ZILGGI (odoress)		d. STREET AD		HO U	JAKE	HU	/E -		FARM?
		sing Home				45 55-2	unke-	1 VOI U	97			YES L	NO
NAME DECEA (Type o	OF SED or print)	MARGARET	HELE			Last		4. DATE OF DEATH		onth 11	, 1959	/	rear 19
. SEX		6 COLOR OR RACE	7 MARR	IED 🔲 NEVER MARRI	ED 🔀 B	DATE OF BIRTH			9 AGE (In year		INDER TYEAT	Hours	R 24 HR
'ams	le	White	WIDOWE	D DIVORCE	.0 🔲 🖠	? ?	187	3	86 7		mins Days	noors	rom,
a USU	AL OCCUPATION of work	N (Give kind of work o	done 10b.	KIND OF BUSINESS C	OR INDUST	IRY 11 BIRTHPLA	CE (State o	ir foreign co	untry)	1	2. CITIZEN O	FWHATC	OUNTRY
Scho	olteach	er- retire		Public Scho	001	Maryl	and.				USA		
I. FATHE	R'S NAME					14. MOTHER'S	MAIDEN N	AME					
		James Smit					lget S	cally					
5, WAS I	DECEASED EVER	IN U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO). IN	FORMANT			A	ddress			
No	-	lôns		lone	Fa	mily rec	ords						
cous	e rise to in ie (o), stating t g couse last.												
5	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION	SIVEN: I	N PART I(a)	PERFO	AUTOPSY RMED?
	ACCIDENT WA ONTRIBUTING THER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	CRIBE HOW INJURY O	CCURRED.	. (Enter noture of	injury in P	art I ar Port	11 of item 18)				
20c. T	IME OF INJUR	Manth, Day, Yes		NURY OCCURRED		CE OF INJURY (H			or tawn)		(Caunty)	(State
٤	p. m.	19	While at wark	Nat while	100	ary, street, office	bldg , etc.						
	p. m.	19 at Lattended the	at wark	ed framFus	ly.	. 1956	, ta	MAY	15 ¹ , 195	7,tha	t I last sa	w the d	ecease
21.	p. m.		at wark	ed framFus	ly.	17	10. 2:30 A	MAY M, fram	15^{1} , 19 5^{1}	and a	n the date	e stated	abav
21. aliv	p.m. I certify the an M		at wark	ed framFus	ly.	. 1956	10. 2:30 A	MAY M, fram	15 ^T , 195 the causes of reet, gity or taw	and a	n the date	e stated	abav
21. aliv	p.m. I certify the an M		at wark	ed framFus	ly.	. 1956	10. 2:30 A	MAY M, fram	the causes o	and a	n the date	e stated	abav
21. alive	p.m. I certify the an M IAL ATURE ICIAN'S E (Type) AL, CREMATIO		decease 195	ed framFus	ly death	195 <u>76</u> accurred at 4	10 2:30 AI	MAY. M, fram Doress (Si	the causes o	and a	in the dat i70N/C	e stated	abave E SIGNE 6 /12
21. dlive	P.m. I certify the an M ATURE ICIAN'S E (Type) AL, CREMATION DVAL (Specify)	at I attended the	decease 195	ed fram Fus	ey death	1956 accurred at 4	10 2:30 AI	MAY. M, fram Doress (Si	the causes of reet, gity or taw Ro	and a	in the date of the thick of the	e stated DAT	abave E SIGNE
21. alive ACTU SIGN PHYS NAM	P.m. I certify the an M ATURE ICIAN'S E (Type) AL, CREMATION DVAL (Specify)	at I attended the	decease, 195	ed fram	ey death	accurred at a LD. 192	7 /0	MAY M, fram DDRESS (SI	the causes of reet, gity or town Rd TON (City, town Mary RAR 24b, RE	and a con, store	in the date of the thick of the	e stated DAT 1/4 (State	abav E SIGNE



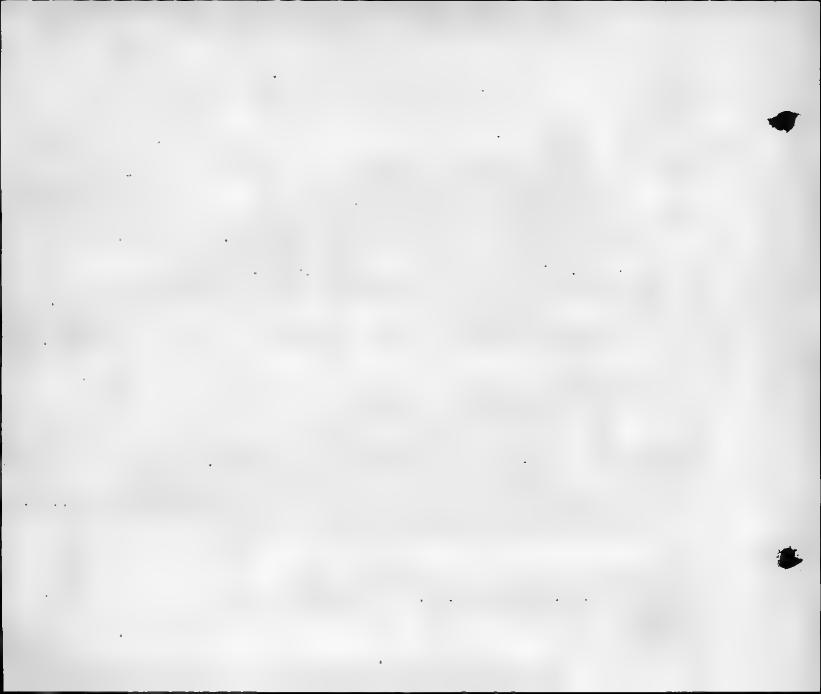
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6539MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06529

Reg. Dist. No.

	1. PLACE OF BEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived if Institution: Residence before admission) o. STATE IV
ŀ		
	b. CITY OR TOWN (If ourside corporate limits, write RURAL ord give necrest fown) Reisterstown visiting	c. CITY OR TOWN (If authide corporate limits, write RURAL and give necrest town) Baltimore
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS & IS RESIDENCE
	703 Main Street	4716 Edmondson Ave.
	3. NAME OF DECEASED (Type or print) Richard Clarkson Smi	th Lost June 12,1959 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. 8.	DATE OF BIRTH 9. AGE Illo years If UNDER 1YEAR IF UNDER 24 HRS. 11171 A 190
	WINTE MUTCE MIDOMED [] BIACKCED []	уп. 1001
$\bigg $	18a USUAL OCCUPATION (Give kind of work dame) 10b. KIND OF BUSINESS OR INDUSTI during most of working his, even if retired)	11. BIRTHPLACE (Stole or foreign country) Baltimore, Md. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Richard M.Smith	Margaret C.Jennings
	Olive and an emphasized to the control of the contr	FORMANT Address
	No None R	ichard M.Smith, 4716 Edmondson Ave.
Ì	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Fracture of ba	
	5/XX DUETO	
,	Canditians, if any, which by	
1	gave rise to immediate cause (a), stating the underlying DUETO	
	cause last, (c)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (E. PRIMARY 13-for CONTRIBUTING TO CAUSE OF DEATH.)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		nter nature of injury in Part I ar Port II of item 18.) uck by automobile.
	Male Not white facto	E OF INJURY (Home, form, 1905, (City or town) (County) (Stote) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)
	21. I certify that I took charge of the remains described about	
	death resulted fram: Natural causes, Accident, Suid	
	ACTUAL TO D. Exples	M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S D. D. Caples, M. D.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER 6-12-59
	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	burial June 15/59 Druld Kidge	Pikesville,Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	J.F. Eline & Sons, Reisterstown, Md.	DATEJUN 1 6 '59 archur S. Frank

Vs. A15ME(5) 5M 9/55





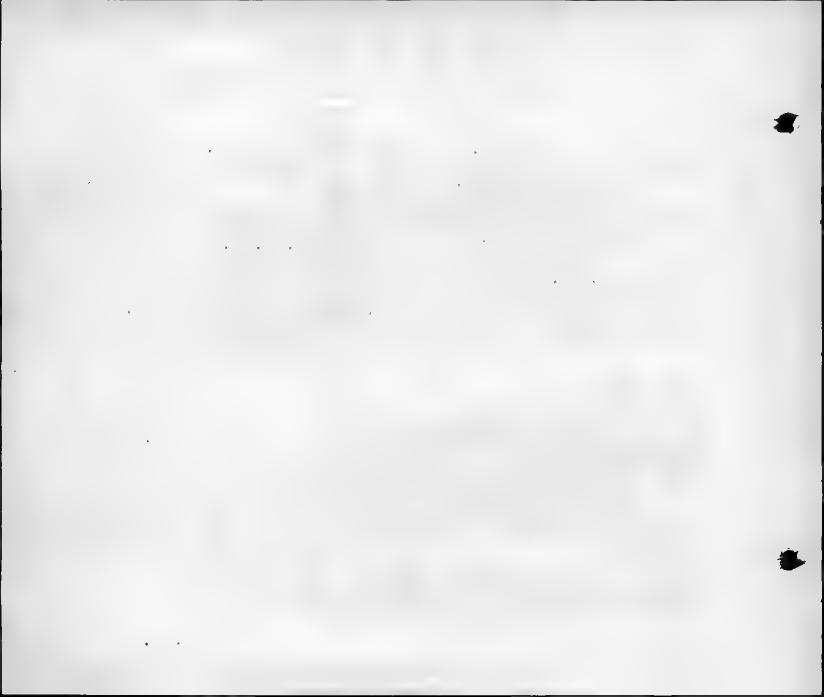
VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	

CERTIFICATE OF DEATH CFIA

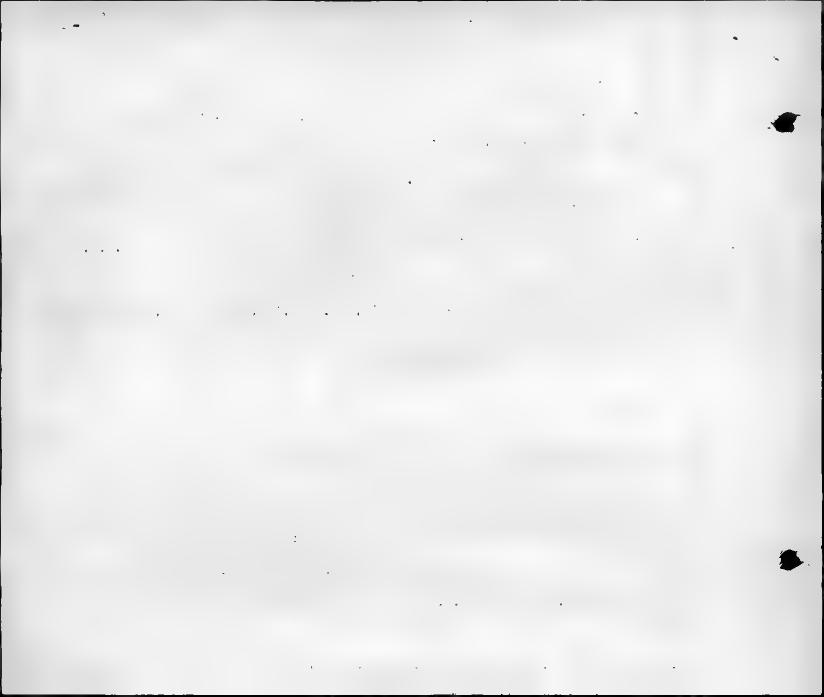
3 NAME OF DECEASED DECEASED Sena M. Smith Smith Depty For June 30, 1955 5. SEX S. COLOR OR RACE A MARRIED NO DIVORCED DIVORCED ADMIT J. S. DATE OF BIRTH Pemale White WIDOWED DIVORCED APPIL 1.5, 1871 PARTILIDATE ACTUAL OCCUPATION Give land of week dane Widowed Divorced At Home 100 USUAL OCCUPATION Give land of week dane Widowed Divorced At Home 110 WISHPIACE (Siete or foreign country) At Home 120 WHAT COUNTIES AND STANDORS AT HOME SANDER NAME JOHN B. CLAYTON Sarah DeMoss 15 WAS DECEASED EVER IN U. S. ARMED PORCESS 16 SOCIAL SECURITY NO 17 INFORMANT NO 18. CAUSE OF DEATH [Enter only one course per land for log /h) ond (c)] PARTILIDATION AND CAUSED BY: MANDEDIATE CAUSE (b) PARTILIDATION WAS LINEREYING. DIE TO USA DIE TO Conditions, if only, which (b) PARTILIDATION WAS LINEREYING. DIE TO LY HOME DIE TO WERFORMS 200. ACCIDENT WAS LINEREYING. DIE TO WERFORMS 200. ACCIDENT WAS LINEREYING. DIE TO WERFORMS 201. L'estrify thol I citended the deceased from 19 month of line lib. 202. I L'estrify thol I citended the deceased from 19 month of log one, steps ACCUBERD I WAS LINEREYING. DIE TO WERFORMS ACCUBERD MANDEL MAN		-	1741					R	eg. Dist. No.	
Baltimore Baltimore MANTIAND BALTIMORE MANTIAND BALTIMORE C. CITY OF TOWN (If coulder corporate limits, write BURAL and give necess from BURAL and giv									Residence before o	admission)
FULL erton d NAME OF HOSPITAL (If not in hospital, give street oddress) 75/13 Belair Rd. 75/13 Belair Rd. 75/13 Belair Rd. Nonhi Doy Yeo On A FARM 75/13 Belair Rd. 75/13 Belair Rd. 3 NAME OF OPECASED Fina Moddle Loss 10 DOY OPECASED FOR CASED Senia M. Senith Seni				MARYLA	ND		and	b. COUNTY	Balti	more
OR INSTITUTION Of NAME OF ENSTREED First In Monthly give sireer oddress) OR INSTITUTION 7513 Belair Rd. 7514 Belair Rd. 7515 Belair Rd. 7515 Belair Rd. 7516 Belair Rd. 7517 Belair Rd. 7518 Belair Rd. 7518 Belair Rd. 7518 Belair Rd. 7519 Belair Rd.	b. CITY OR TOWN (If RURAL and give no	outside corporate limits, arest tawn)	write c.	LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	rote limits, write RURA	AL and give neares	t lown)
OR INSTITUTION Total Belair Rd. Total Belair R	Ful	lerton				Y Full	erton			
NAME OF OFFICE ARED First Middle	d NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give	street oddr	ess)		, d. STREET ADDRESS			e. !	S RESIDENCE
DECEASED (Type or print) Sena M. Smith DATH DATH June 30, 1958 S. SEX A COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED WIDOWED DIVORCED April 15, 1871 B. DATE OF BIRTH MODITOR MONTHS MONTHS FUNDER 72 H MONTHS Doys Hours Min Min Months Doys Hours Min Months Min Months Doys Hours Min Months Min Months Min Months Min Min Months Min Months Min Months Min Months Min Min Months Min Months Min Months Min Months Min Min Months Min Months Min Months Min Months Min Months Min Months Min Min Months Min Months Min Months Min Months Min Min Min Min Min Months Min M		75/13 Belair	r Rd.			/ 7543 B	elair :	Rd.		ES NO
Sena M. Smith Death June 30, 1955	NAME OF	First		Middle		Lost		Month	Day	Year
S. SEX. 6. COLOR OR RACE This Name No.		Şenā		M.	S:	mith	DEATH	Jun	ie 30,	1959
DEVOKED BY INCLUDING WHAT COUNTY BY INCLUDING BY INCLUDING BY IN BIRTHACE (Side of foreign county) DEVOKED AT HOME OF WORKING ITE, even if retired) At Home Batto. Co. Md. JOHN B. Clayton At Home Sarah DeMoss Sarah DeMoss Swas Diceased Ever in u. s. armed Porces? Is social security no Items and the state of the security of the security in the security of the security in the	. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	□ B.	. DATE OF BIRTH			UNDER 1 YEAR IF	
HOUSEWIFE At Home Balto. Go. Md. USA 3 FATHER'S NAME JOHN B. Clayton S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT NO 18. CAUSE OF DEATH [Enier only one couse per line for 191/5) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), using the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT REPARTED TO THE TERMINAL DISPASE CONDITION GIVEN HYPART 1(o) 19. WAS AUTOPER 191/1910 COURSE OF DEATH (Enier only one couse of DEATH (Enier only one one of DEATH (Enier only one one of DEATH (Enier only one of DEATH (Enier only one of DEATH (Enier only one one of DEATH (Enier only	Remale	White w	IDOWED [] DIVORCED [5 1	April 15, 18	74		onths Doys H	ours Min.
HOUSEWIFE At Home Balto. Co. Md. USA 3 FATHER'S NAME John B. Clayton Sarah DeMoss Swas Deceased ever in u. S. Armed Porcess 16 Social Security No	Ou USUAL OCCUPATIO	N (Give kind of work don	e 10b KINI	OF BUSINESS OR I	NDUST	TRY 11 BIRTHPLACE (SION	e or foreign co	ountry)	12 CITIZEN OF Y	WHAT COUNT
3 FATHER'S NAME JOHN B. Clayton SWAS DECEASED EVER IN U. S. ARMED FORCES? IN MADE IN SOCIAL SECURITY NO 17 INFORMANT NO OF WINDOWN NO Mr. Robert Smith 7543 Belair Rd. 6 18. Cause of Death [Enter only one course per line for [0] to end [c]] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gover rise to immediate course [0] to thing the under- [1] (b) JOHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES OR CONTRIBUTING III CAUSE OF DEATH [If ETHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES ON ACCIDENT WAS UNDERLYING III CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES ON ACCIDENT WAS UNDERLYING III CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES ON ACCIDENT WAS UNDERLYING III CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES ON ACCIDENT WAS UNDERLYING III CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED? YES ON ACCIDENT WAS UNDERLYING III CONTRIBUTED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED. 200. ACCIDENT WAS UNDERLYING III CONTRIBUTED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED. 201. ACCIDENT WAS UNDERLYING III CONTRIBUTED TO THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED. 202. TIME OF INJURY MONTH, DOY YEAR OF THE TERMINAL DISPUSE CANDITION GIVEN INFART 1(0) 19. WAS AUTOP PERFORMED. ADDRESS (STEED LIVE OF TOWN) OF THE TERMINAL DISPUSE CANDITION GIVEN I		A m	At	Home		Balto.	Co. Md		USA	
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO IT INFORMANT	FATHER'S NAME									
S WAS DECEASED EVER IN U. S. ARRED FORCES? IN ORDER 106 SOCIAL SECURITY NO 17 INFORMANT NO 17		John B. Clay	vton			Sarah	DeMoss			
NO NO NOR MAN (Enter only one course per line for (c) th) and (c) B. CAUSE OF DEATH (Enter only one course per line for (c) th) and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if pay, which gove rise to immediate course (o), storing the under loss (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT REPUTED TO THE TERMINAL DISPUSE CONDITION GIVEN HYPART 1(o) 19. WAS AUTOPPER OR MED' PERFORMED' YES NA OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR CONTRIBUTING CAUSE OF DEATH (III ETHER NOTHY MEDICAL EXAMINER) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II or Port II of Iden 18) OR ACCIDENT WAS UNDERLYING 206. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Por	S. WAS DECEASED EVER	IN U. S. ARMED FORCES	\$7 16 SOC	IAL SECURITY NO	17 INI	FORMANT		Address		
18. CAUSE OF DEATH [Enter only one couse per time for (c) (b) and (c) PART 1, DEATH WAS CAUSED BY: PART 1, DEATH WAS CAUSED BY: DUE TO		yes, give wor or owner or service	1 -	lone	Mr	. Robert Smi	th 75	43 Belair	Rd. 6	
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Conditions, if ony, which gove rise to immediate course (c), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELECTED TO THE TERMINAL DISPASE CONDITION GIVEN HYPART 1(o) 19. WAS AUTOP PERFORMED? YES OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR C		H WAS CAUSED BY:	<u> </u>	huje	>0	andilan	(de	genera	LUO PONSET	AND DEATH
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20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY Medical Examiner; 20c. TIME OF INJURY Medical Examiner; 20c. TIME OF INJURY Month, Doy Year 20d Injury occurred 20c. TIME OF INJURY Month, Doy Year 20d Injury occurred 20c. Time of injury in Port II or Port II of item 18.) 21. I certify that I attended the deceased from 19 20c. Time bldg-ren. 20c. Tim			IONS CONT	RIBUTING TO DEATH	BUT N	NOT RELATED TO THE TERM	UNAL DISPESE	CONDITION GIVEN	INPART VOLUM	WAS AUTOPSY
20c. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stown) While Not will foctory, street, office bidg-erc.) 21. I certify that I attended the deceased from 19 and that death occurred at 19 ADDRESS (Street Acity or town, state) ACTUAL SIGNATURE PHYSICIAN'S FRANK T KASIN TRANSPORTED TO THE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)	ŧ		-	Wich L		1/1/10	-/10	doned.	\mathcal{L}/n .	'ERFORMED?
20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Slowers) p.m. 19 While of work of	20g ACCIDENT WAS	UNDERLYING 201	6. DESCRIBE	HOW INDURY OCC	URRED.	(Enter nature of injury in	Port I or Port	Il of item 18)		3 NOTE
21. I certify that I attended the deceased from the course of the deceased from the	OR CONTRIBUTING	AEDICAL EXAMINER)	-	, (
21. I certify that I attended the deceased from the course of the last sow the deceased alive on 19 and that death occurred at the causes and on the date stated ob ADDRESS (Street perity by town, state) ADDRESS (Street perity by town, state) DATE SIGNATURE PHYSICIAN'S FRANKT KASIK TR Belle 14 mg 20. BURNAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)	20c. TIME OF INJURY	Month, Doy Year	200 NJUR	Y OCCURRED 20	e PLAC	CE OF INJURY (Home, for	m. 20f /City	or town)	-(County)	(Stote
21. I certify that I attended the deceased from the course of the last sow the deceased alive on 19 months death occurred at 200 M, from the causes and on the date stated ob ADDRESS (Street perity by lown, state) ADDRESS (Street perity by lown, state) DATE SIGNATURE PHYSICIAN'S FRANKT KASIK TR Belle 14 Mg 20. BURNAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)	Hour o.m.			Not while 1	focto	ory, street, office bldg ret	7 0		(County)	(2/0//
actual formation, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)				17						
ACTUAL SIGNATURE ACTUAL AND ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL		offended the de	eceased 1	7	-	1 14 130	- Dun			
PHYSICIAN'S FRANKT KASIK TR. Belle 14 hugh 20. BURNATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)	alive on		19	and thor de	eoth (occurred of	M, from			
PHYSICIAN'S FRANKT KASIK JR. Beller 14 hugh. OBBERTALL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole)	ACTUAL	Tracke 1	Kan	ild	1	· a	ADDMESS (SI	eet city on town, stat	9	DATE SIGN
22c NAME OF CEMETERY OR CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)	SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		1/	M	D	Hes	Toral Roll	g	why I
DEMOVAL (Specific	PHYSICIAN'S NAME (Type)	FRANK	TI	KASIK	<u>V</u>	R. Brl	le 10	1 hol	0	
		*		NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	ION (City, town, or co	ounly)	(Stole)
Rurial July 3, 1959 Fork Methodist	REMOVAL (Specify) Burial	July 3, 19	959	Fork Met	hod	ist		Fools 164		
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR S SIGNATURE	FUNERAL DIRECTOR'S	SIGNATURE	23				D BY REGISTI	RAR 24b. REGISTRA	S SIGNATURE	
avialize Firewal Forme 7401 Felow Rol DATERIN 6 59 Called & Kines	2 Nugline of	Tours of 7	Fro o	74010	3.0	DATERS!	1 6 '59	Catha	7 S. Frank	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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٠٠٠ الله		6542 CERTIFICA	TE OF DEATH Reg. Di	it. No.
director, director, illed with	1,	PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residen o STATE b COUNTY b COUNTY	ce before admission)
be f		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town)
P P		Fort Howard 111 Days	912 HonAker Court, Baltimore 2	5
Sho Sho		d NAME OF HOSP, TAL (If not in hospital give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
25 A	_	Veterans Administration Hospital	912 Honaker Court	YES NOTE
n 24 ho filled in ges 1 an		NAME OF First Middle DECEASED HERMAN M.	SNOW 4. DATE Month OF DEATH June	Doy Year 22 19 59
within tely fil Page	5	THE MAKE STATE WARRIED TO		TYEAR IF UNDER 24 HRS.
60 -		Male White WIDOWED DIVORCED	February 11,1921 38 m	Doys Hours Min
E d H	10c	USUAL OCCUPATION (Give kind of work done during gost of working life, even if retired) ROOF TO Company	RY 11. BIRTHPLACE (Stale or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
o pour T		Treestring Company	Elkton, Virginia	J.S.A.
a care A	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
icote h		Leonard Snow	Etta Breeden	
phys hau hau	15. IYa	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INF	FORMANT Address	
22 22			n.Rec., Vet. Adm. Hospital, Ft. Howa	rd.Marvland
enti endi feas thin		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]		INTERVAL BETWEEN
D E G		PART I DEATH WAS CAUSED BY (6) CEREBRAL METASTASI	S	ONSET AND DEATH
부 속 부 후		DUE TO CARCINOMATOSIS		4 MONTHS
# & # &		Conditions, if ony, which DUE TO REFIGULUM CELL SA	RCOMA	UNKNOWN
equires that the death certificate be executed in its signed by the attending physician and complisitioned by the please remare carbon papers and in any event within 72 haurs after death.		gove rise to immediate cause (a), stating the <u>under-lying</u> couse (ast.		CHILITOWN
icio ans ans	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	LIM TO WAS AUTOPSY
The la g phys has b priolitr mavol	PICATIO			PERFORMED? YES NOXY
tending ifficate the broom of t	L CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Parl 1 or Parl (I of item 18.)	
PHYSIC of or of this cert r use as ematiar	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m 19 White Not white of work 19 to twork 1	CE OF INJURY (Home, form, 20f (City or town) (C pry, street, office bldg., etc.)	ounty) (Stole)
Spirit Sp		21. I certify that attended the deceased from March 3	, 19 59, to June 22 , 19 5930GXX	
S P P P P P P P P P P P P P P P P P P P		ANA CONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	occurred at 12:15PM from the course and on the	a data stated shaw
			ADDRESS (Street, city or town, state)	DATE SIGNED
A D H O		SIGNATURE John W. Crawford	D VAH, FORT HOWARD, MARYLAND	6/22/59
9 d 2 d 2				
T part of t		PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D.	VAH, FORT HOWARD, MARYLAND	
HOSPI TONER FUNER GG 3 sl	22c	BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR		(Stote)
How age		REMOVA. (Specify)	ional Cem. Arlington, Virgini	* 7
6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIG	
VS A15 (4) 15M 10/57	-	m.Gook-Blight, Inc. 009 Harford Rd., Balt		



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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

6543

CERTIFICATE OF DEATH

06533

		0943	CERTIFIC	AIE OF DEAIR		Reg. Dist. No	D.
	PLACE OF DEATH O. COUNTY BE	altimore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If ins Land b. COU	NYPaltimo	
	Catons	ville	c. LENGTH OF STAY IN 16	Catonsvi	outside corporate limits, wr	ite RURAL and give no	earest town)
	OR INSTITUTION	TAL (If not in hospital, give street III Frederick		8 mi Hill	Frederick	Road	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	Lillian	Middle Elsie	Snowden	4. DATE OF DEATH June	Month 0	Year 19 59
	Female	6. COLOR OR RACE 7. MARI	ED DIVORCED	B. DATE OF BIRTH Jan. 15, 1871		yrs. Months Doys	R IF UNDER 24 HRS. Hours Min
	Housewil	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	Maryland	đ	U.S.	OF WHAT COUNTRY
		ander William		Rosaella	Henson		
)	Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16.		rs Lillian V	III o 4 4 4 50 00	^{Addre} 8mi Hi Föderick	
		ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), ond (c).] Corobral He	morrhage		ON	2 days
	Conditions, if c gove rise to i cottle (o), stating lying cause fast.	mmediole (pertensive A	rterio-scle	rosis I3y	rs Imo.	26 days
}	\frac{1}{2}	HER SIGNIFICANT CONDITIONS	thritis : Ob	esitv			PERFORMED?
	T. 1	MEDICAL EXAMINER)	CRISE HOW INJURY OCCURR			1	
	20c. TIME OF INJUI	19 While of wor	k of work	LACE OF INJURY (Home, farm actory, street, office bldg., etc	i.)	(County)	
		nat I attended the decease ine-I9th 195		h accurred at 7.00		es and an the do	
,	ACTUAL SIGNATURE PHYSICIAN'S	PHALM	ug Hit.		ters Lane		-19- 59
	220 BURIAL, CREMATIC REMOVAL (Specify	ON, 226 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	116-28. Ma. 22d. LOCATION (City, to	wn, or county)	(Stole)
	The second of	6-23-59 PS SIGNATURE A HAMS	Arbutus Me			REGISTRAR'S SIGNATU	IRE
	MILL			DATE JU	JN 25 '59	Colling & His	me.

VS A1S (4) 15M 9/5S



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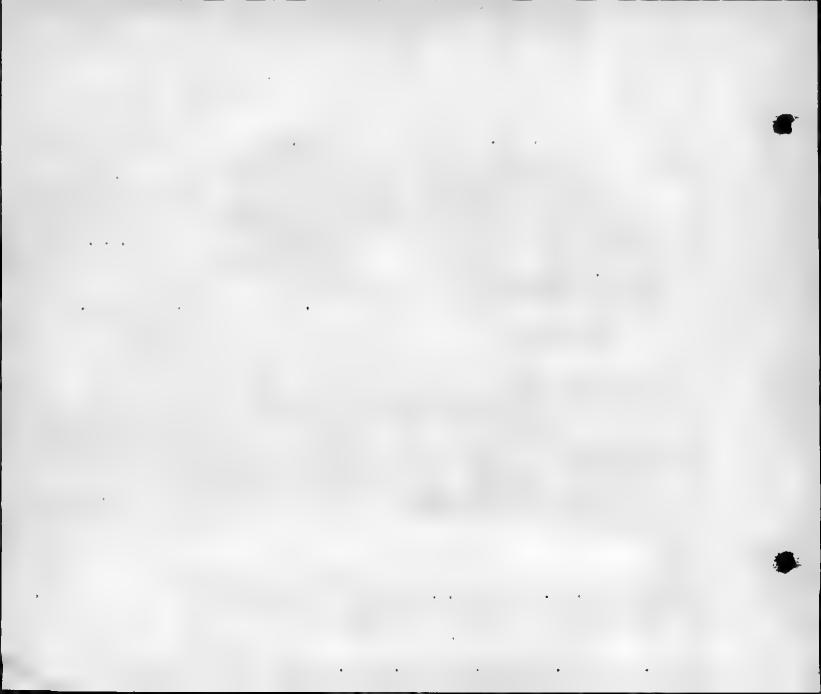
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Red, Dist. No.

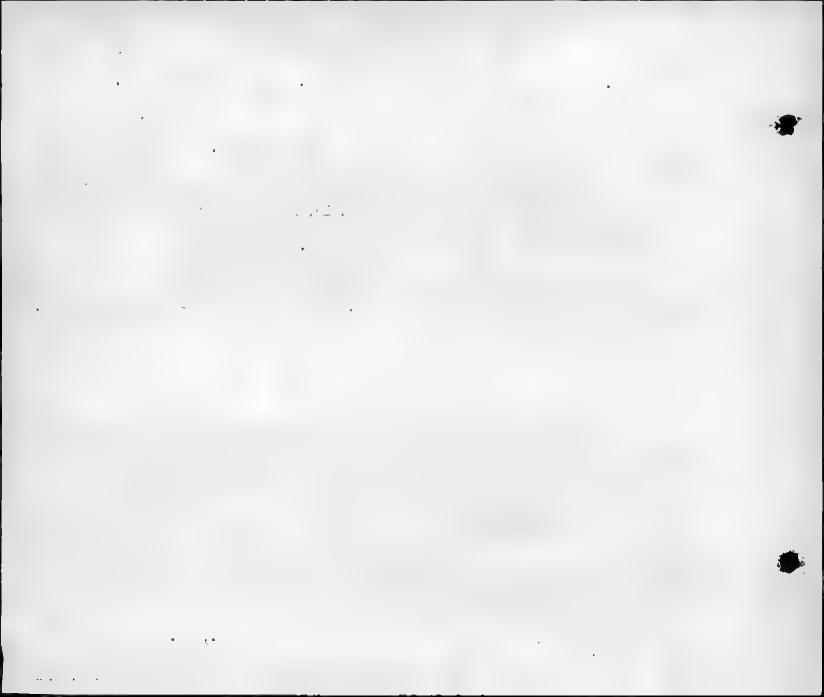
06535

_	The second secon										
1. P	LACE OF DEATH	Baltimore	}	MARYLA	ļ.	o. STATE Md		ed lived. If Institu 6, COUNT		e before gdr	nission)
ь	OND GIVE RECEIVED	outside corporate limits, write	RURAL	C. LENGTH OF STAY IN	1Ь	e. CITY OR TOWN (II			RURAL and g	ive nearest t	own)
	La	nsdowne		0			Balti	more j	· Vur	4	
d				ospital, give street address)		d. STREET ADDRESS			-	s [0, 15	RESIDENCE
	Lammon s	ferry Ri.	nr P	atarsco River		714 W. L	Ombaro	i St.		YES	NO
C	RAME OF DECEASED Type or print)	J ^O hn Antho	ny J	Middle oseph Sparrow		Lost	4. DATE OF DEATH	June		Day 1959	Year 19
5. SI		6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED,] 8. D	ATE OF BIRTH		9 AGE (In years foot buthday)	IFUNDER TY		
	Male	Wh	WIDOW		1	pril 20, 19	924	35 va.	Months Do	ys Hours	Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12 CITIZE	N OF WHA	COUNTRY
6,1	Labore	C				Maryland			U. S	5.A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
	Anthony	J. Sparrow				Augusta Wi	ilkins	on			
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16	S. SOCIAL SECURITY NO. 1	7. INFO	RMANT		Address			
1	no	In last Aug and of opine of			Ant	hony J. Spa	arrow	714 W. 3	Lombard	St.	
	18. CAUSE OF DEA	TH [Enter only one cau	se per lin	e for (o), (b), and (c).]						INTERVAL BETY DINSET AND D	VEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)								DITOLY MILE D	DA711
	17	DUE TO									
	Conditions, If a	ny, which } (b)		Drowning	W	dile swimmi	ng in	pond or	abando	ned la	Ite
	gove rise to immed (o), stating the	diote couse									
	couse lost.	(c)				Accident					
ATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BI	יסא זע	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19 WAS PERF YES [AUTOPSY ORMED? //
	200 EXTERNAL CAL PRIMARY II UT CO CAUSE OF DEATH.	USE WAS NTRIBUTING [BE HOW INJURY OCCURRED rowning while			1 or Port 1	of item 18.)			
MEDICAL	20c, TIME OF INJU			HUJURY OCCURRED 200.	PLACE	OF INJURY (Home, form	20f. (City		(Count	C *	(Stote)
WED	<u></u>	Jun 30	9 Wh	ite Not white syst	LE	street office bldg., etc.	' I	ansdoune	Balto	o Md	
	21. I certify ti	hat I taak charge	of the	remains described a	bave	, held an Autops	y 🔲 , lı	nspection [1],	Inquiry	, ond	find the
	death resulted	fram: Natural	causes	Accident ,	Suicio	le 🔲, Homicide	. [], U	ndetermined o			
	ACTUAL SIGNATURE	Jett	my	ieffu		A.D. CHIEF MEDICAL E)	_			DATE	SIGNED
	EXAMINER'S NAME (Type)	Geo. S .M	Kief	fer K.L.		ASSISTANT MEDIC		91		June	30.5
22a	REMOVAL (Specify)		F	22c. NAME OF CEMETERY			1	TION (City, town,		(Sto	ite)
23.	Purial FUNERAL DIRECTOR	7-2-59 'S SIGNATURE		St. Peters	Le		1 Halt. D by regist	ilore 1	<u>antvilanic</u> Strár's sign	ATURE	-
			277 0	St Pault St	רים				m 8 Kin		

VS. A15ME(S) 5M 9/55



1 1	MARYLAND STATE DEPARTMENT C	DE HEALTH—BALTIMORE, 18
/\\\	6546 CERTIFICATE C	OF DEATH Reg. Dist. No.
i hi	1. PLACE OF DEATH O. COUNTY Balto MARYLAND 2. USUA O STA	1. RESIDENCE (Where deceased lived if institution Residence before admission) NTE Md. b. COUNTY Balto.
onto be a		Y OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wiltondale Towson 4.
090		REET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO NO
	NAME OF First Middle DECEASED (Type or print) BESSIE STABI	Last 4. DATE Month Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O Feb.	
_	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 B during most of working life, even if retired)	
(1		THER'S MAIDEN NAME
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN	rietta Gray Address Harriette Hinrichs - 138 Regester Ave.#
	18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if only, which (b)	enorthape interval between onset ano perthe
	gave rise to immediate couse (a), stating the under-lying couse lost DUE TO (c) Type Plus (C)	Dr.
٥	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIB	PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF IN While Not while p. m. 19 of work at work	JURY tHome, form, 20f. (City or town) (County) (Stole), office bldg., etc.)
	21. I certify that I attended the deceased from	, to, 19,that I last saw the deceased at, M, from the causes and an the date stated above.
	SIGNATURE Willam 9. Ficto M.D.	2 (ADDRESS (Street, city or town, stole) PATE SIGNED
/	PHYSICIAN'S NAME (Type)	
	226 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR	
F)	23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS - Walt	DATE 6/12/59 GETTAR'S SIGNATURE!





6548 **CERTIFICATE OF DEATH** Reg. Dist. No. i director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Reprotonce before admission) o COUNTY o. STATE **6 COUNTY** MARYLAND b. CITY OR TOWN (If outside corporale limits, write C. LENGTH OF STAY IN 16 c. CIPPORTQWN (If/outside corporate Junits, write RURAL and give nearest town) RURAI- and give nearest town) nees d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🔲 NO 🔀 3. NAME OF Middle DATE Month Yeor DECEASED OF {Type or print) (DEATH 19 5 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED T NEVER MARRIED B DATE OF AGE (In years lost-birthdoy) Months Doys ē WIDOWED K DIVORCED [compl 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, during most of working life, even in retired) BIRTHPLACE (State or foreign fountry) 12. CITIZEN OF WHAT COUNTRYS 8 pup ŏ after FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) anna 1 420.0 **DUE TO** Conditions, if any, which gove rise to immediate 2.5 **DUE TO** couse (a), stating the underlying couse last, PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1501 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 🕅 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. m. While Not white at work 🔲 at work 1957 that I last saw the deceased 21. I certify that I attended the deceased from detached .M, from the causes and an the date stated above OB: ADDRESS (Street, city or town, ACTUAL SIGNATURE prior DIRE P PHYSICIAN'S NAME (Type) FUNER/ 220 BURIAL CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d IQEATION (City, town or county). (Sidte) EMOVAL (Specify) mas 0 0 23 FUNERAL/DIRECTORYS SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 1SM 9/S8

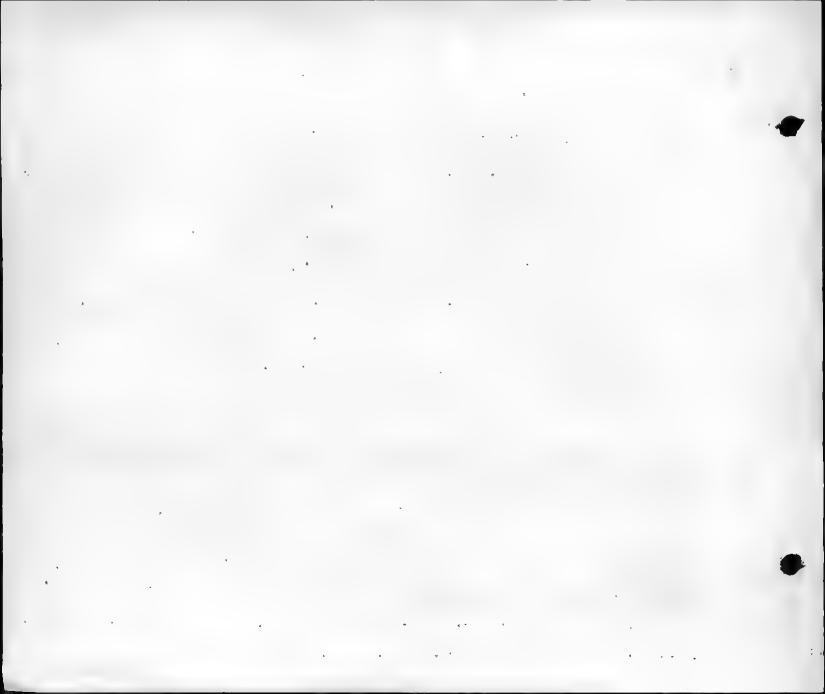
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406539 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Н

6549 CERTIFICATE OF DEA

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND		CE (Where deceased five ryland.		Residence before admission) Baltimore
b. CITY OR TOWN (If outside RURAL and give narrest tow ROSE)	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW		limits, write RURA	(L and give nearest town)
OR INSTITUTION 1208	in haspital, give street Hilldale A	address)	d STREET ADDR	ess Hilldale A	78	e. IS RESIDENC ON A FARM YES NO
3 NAME OF DECEASED (Type or print)	elen J.	stickler	Last	4. DATE OF DEATH	Line	Day 30 Year
S. SEX 6. COLO	R OR RACE 7 MAR	RIED NEVER MARRIED D	Dec. 14,			UNDER 1 YEAR IF UNDER 24 F anths Days Haurs Mi
10a USUAL OCCUPATION (Give	kind of work done 10b. yen if retired)	KIND OF BUSINESS OR INDI		(Stote or foreign count		12 CITIZEN OF WHAT COUNT USA
13. FATHER'S NAME Thomas Ro	binson		14. MOTHER'S MA	ie Hoyt		
15. WAS DECEASED EVER IN U. S (Tex. no. or unknown) (If yes, give	ARMED FORCES? 16.		ndrew C. S	tickler l	SOS Hilld	lale Ave.
PART I, DEATH WAS IMMEDIA	-		releal	Henror	ologe	INTERVAL BETWEE
Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under</u> lying couse last.	e DUE TO	Hypertin	side HE	ant Dis	Rose	1070.
PART 1. OTHER SIGNS		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	ETERMINAL D SEASE C	ONDITION GIVEN	IN PART 1(0) 19 WAS AUTOI PERFORMED YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	LYING 206 DES E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inj	ury in Part I or Part II	of item 18.]	
20c. TIME OF INJURY Month Hour a. m p. m.	Doy, Yeor 20d. I While of wo	Nat while	IACE OF INJURY (Hom actory, street, office bld		town)	(County) (St
21. I certify that I all alive on	ended the decease 12 30, 193			M, fram the	e causes and o	at I last saw the decea an the date stated above (e) DATE SIGI
PHYSICIAN'S DAVIZ	1 SCHN	EIDER	1101 N. 1	MILTONAU	BA LI	InoRE-13-M
DELECTION IS DOCUMENT	DATE THEREOF PULY 3,1959	Holy Radeeme			ore, Mary	2.1
23. FUNERAL DIRECTOR'S SIGNAL Philip E. CVach		CO AVe. Balto	6 110	REC'D BY REGISTRAL		AR'S SIGNATURE



VS A15 (4) 15M 9/55 M

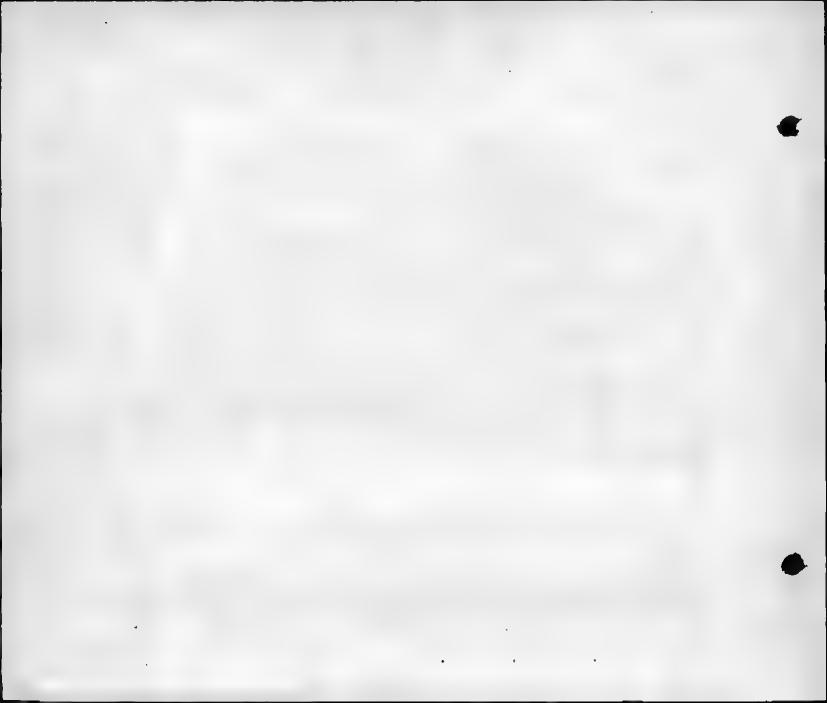
ARYLAND	STATE DEPARTMENT	OF HEALTH-BA	LTIMORE, 18

CERTIFICATE OF DEATH

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ļ									
1.	1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE M. P. CLAND b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	RURAL and give nearest lown) COCKEYSUILLE 64EARS	BALTIMORE "V"							
	d MARLE OF MOCRITAL life and in housital give street address?	d. STREET ADDRESS IS RESIDENCE							
	OR INSTITUTION MADE IN THE INTERPORT OF	424 N. BROADWAY YES NO DE							
H	1,11,100,101								
3	3 NAME OF DECEASED (Type or print) WILLIAM Middle M SU	LCIVAN DEATH JUNE 30 1959							
5.	5. SEX 6. COLOR OR BACE 7 MARRIED NEVER MARRIED B. D. D. DIVORCED DIVORCED COLOR	ATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 1 O O O O O O O O O							
10	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?							
	during most of working life, even if retired) RALRCAD TOTAL	MARYLAND U.S.							
13		4. MOTHER'S MAIDEN NAME							
	CHARLES WESTLEY SULLIVAN	LAURA KAUEY							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFO! Yes, no or unknown (If yes, give wor or dates of service) VONE	RMANT Address Address P. Ani H I - Cotkeyswelle My							
=	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I, DEATH WAS CAUSED BY:	aclas accident ONSET AND DEATH							
	IMMEDIATE CAUSE (0) Concern VIII	ula ceciman I day							
	DUE TO	DUE TO							
	Conditions, if any, which gove rise to immediate (b)	Conditions, if any, which (b)							
	cause (o), stoling the under DUE TO								
1_	lying couse last. (c)								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UP EITHER, NOTIFY MEDICAL EXAMINER	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO 1							
CEPTIEI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED, (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Port II or Part II of item 18)							
13	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 201. (City or town) (County) (State)							
Į Š	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Foctory Hour a.m. p.m. 19 at work at work	, street, office bldg., etc.)							
1		., 19 5 3 to 6 30 , 19 57, that I last saw the deceased							
\perp		curred at 10.45 PM, from the causes and an the date stated above.							
	balls - lus	ADDRESS (Street, city or town, state) DATE SIGNED							
	SIGNATURE MD	Cockeywille, Md. 6/30/59							
	PHYSICIAN'S NAME (Type)								
2	270. BURIAL CREMATION. 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CR. Baltimore Baltimore	EMATORY 22d LOCATION (City town, or county) (State) BELL LINOTE, 1-de							
23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vin. cook, Inc. 1217 St. Paul St.	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE							



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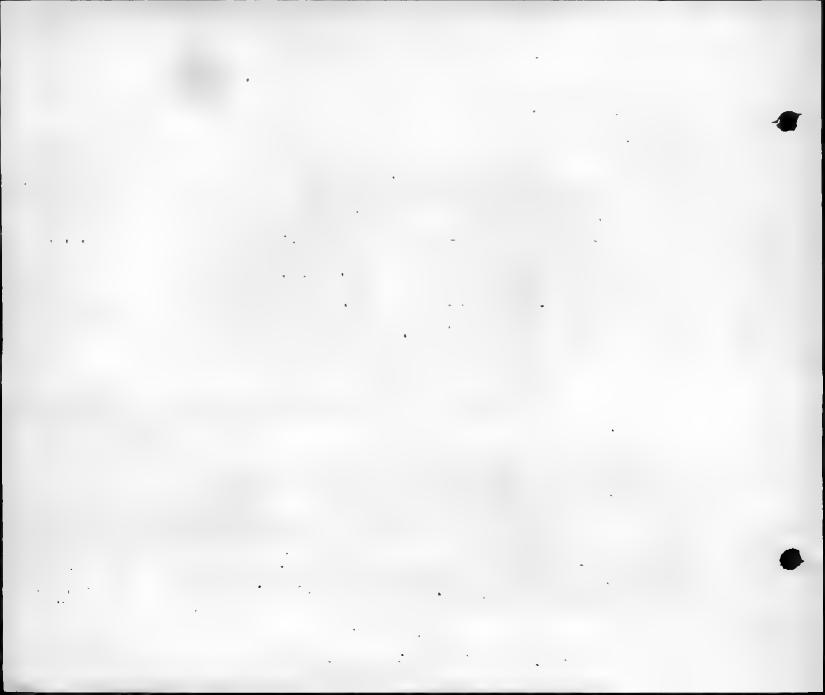
VS A1S (4) 15M 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1
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CERTIFICATE OF REATH

	<u>655</u> 1		AIE OF DEATH Reg. Dist. No.							
	1. PLACE OF DEATH COSOWOOD State Ti	raining School	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)							
1	Baltimore	MARYLAND	o STATE Mary	land b COUNTY	Baltimore					
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autsida carporate simils, write R	RURAL and give nearest town)					
	Owings Mills, Marylald	l year	Towson 4, M	aryland 🕺 🚬						
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	/	e IS RESIDENCE ON A FARM?					
	Rosewood State Training Sc	phoot	1758 Joan A		YES NO G					
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mar	nth Day Year					
	(Type or print) S SEX 6. COLOR OR RACE 7. MADE	MARIE	SWETZ	DEATH 6	IF JNOER 1 YEAR IF UNDER 24 HRS					
		RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min					
	Pemale White Widow 10a USJAL OCCUPATION (Give kind of work done 10b.		CTDV (1) BIOTHOLAGE (Comb	Z yrs	12. CITIZEN OF WHAT COUNTRY?					
	during mast af warking life, even if retired)	CITAD OF B03114E33 OK 114D0	Marylan		U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		0,00,114					
1				Sczepaucha						
	Anthony Swetz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	Add	ress					
	(Yes, no. or unknown) (If yes, give wer or detec of service)	emmorals.	Rosewood Re	cords						
	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c)]	^ ^		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH									
	DUE TO									
	Candilions, if ony, which) (b)									
	gave rise to immediate DUE TO									
	lying cause last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES, NO									
/.[3]										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS PERFORM YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH										
		NJURY OCCURRED 20e PL	ACE OF INJURY (Hame farm	206 (61)	15					
	Haur o.m. While	Not while fo	clary, street, off ce bldg , etc	;) ;	(County) (State)					
	21. I certify that I attended the deceas				that I last saw the deceased,					
	alive on, 19, and that death occurred at 2:45p.M., fram the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED									
	ACTUAL ROLLA PARTIES DE MARIE DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTR									
7	SIGNATURE	1	M.D.							
	PHYSICIAN'S R. W Kie	-CLRYT	4607	Main field	Qx, Cix 拼/					
	220 BUR AL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn	ar county) (State)					
	BEMOVAL (Specify) 6/2 5/5-9	Holy Cr	018	A.A. Co,	mal					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE					
	Ilm. S. Trausousis, 2	DU 7 Castern	any DAILIN	23 59 anh	ur S. Frank					



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

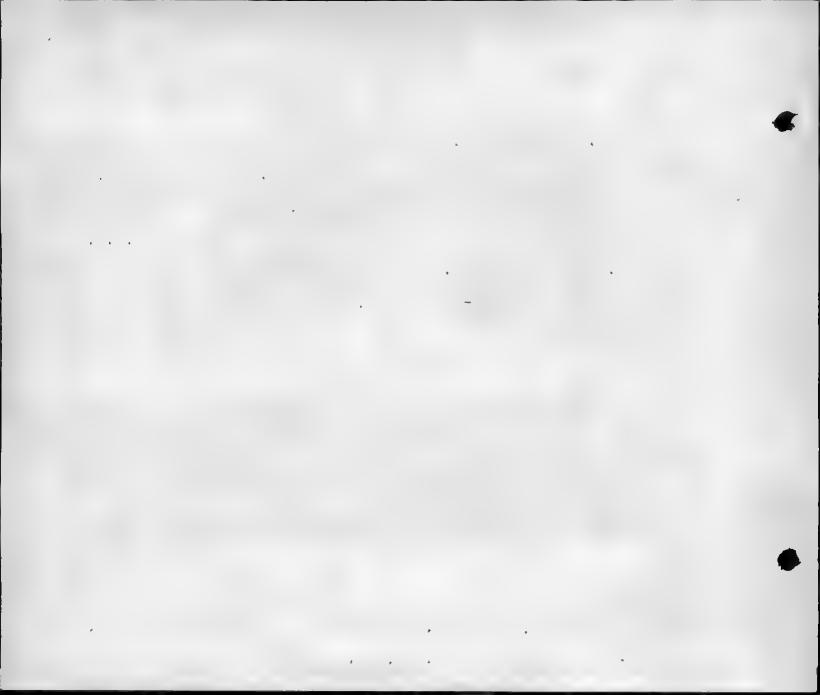
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Rea. Dist. Na.

									<u> مبائد بينا ا</u>		
1, PLACE OF DEATH G. COUNTY	Baltimore		MARYLA	11 0		NCE (Where dec		If muliture COUNTY		nce before 1 t 1m	
b. CITY OR TOWN	rt Howard	EURAL C. LE	NGTH OF STAY IN	1b c.		WN (If outside o	corporate lie	nits, write ^R	URAL and	l give near	rest town)
	TAL OR INSTITUTION (I				STREET ADD	ress inewoo	d Re	ad			ON A FARM?
3. NAME OF DECEASED (Type or print)	Jehn	Thema	Middle 52	c/157	Last CZI) S/C	J. DATE		Month June		8,	Year 19 59
s. sex Male	6. COLOR OR RACE White	7. MARRIED A	NEVER MARRIED [Je. DATE	OF BIRTH	2, 1925	9 AGE		Months		UNDER 24 HRS
10a. USUAL OCCUPATE during most of worki	ON (Give kind of work ong life, even if retired)	ione 10b. KIND O	F BUSINESS OR IN		Balti	,	m country) Mary	land	1	ZEN OF V	VHAT COUNTRY
13. FATHER'S NAME John T	. Szelist	owski S	r.	14. M	other's ma	Oberha	nsli				
15 WAS DECEASED ET	VER IN U. S. ARMED FOR	TT 219-		7. INFORM		da Sze	list	Address BWSK1	L		
Canditions, if gove rise to imme (a), stating the cause last.	underlying DUE TO	EO CO	Poesson	ine	1 -				,	350	BETWEEN NO DEATH HOLLS
Ž	HER SIGNIFICANT CON								N IN PART	(a) 19. YES	PERFORMED?
PRIMARY () or CO CAUSE OF DEATH	NTRIBUTING []	DESCRIBE HOW	INJURY OCCURRE	D. (Enter na	ture of injury	' in Part I or Part	t II of item ?	18.)			
20c TIME OF INJU	IRY Month, Day, Yea	While		PLACE OF I	NJURY (Homet, affice bld	e, form. 20f. (0 g., etc.)	Eily or lown	}	(Cou	inty)	(State)
21. I certify to death resulted	hat I took charge I from: Natural of	of the remain		79.	, Hom		Inspecti Undetern		Inguir ouse []		and find the
EXAMINER'S NAME (Type)	JACK 1	Col	livs		DEPUTY ME	MEDICAL EXAMI DICAL EXAMINE	R 🕦		(4.5	-55
Burial, Crematic	june 11		ame of cemetery Lto. Nat	OR CREMA		Fre	cation (ci	y, town, dr ck Ro	edunty)	Md.	(State)
23. FUNERAL DIRECTOR John J.	Duda 792		DDRESS	Md'.	240	REC'D BY REG	ISTRAR 2	CLUL	RAR'S SIG		

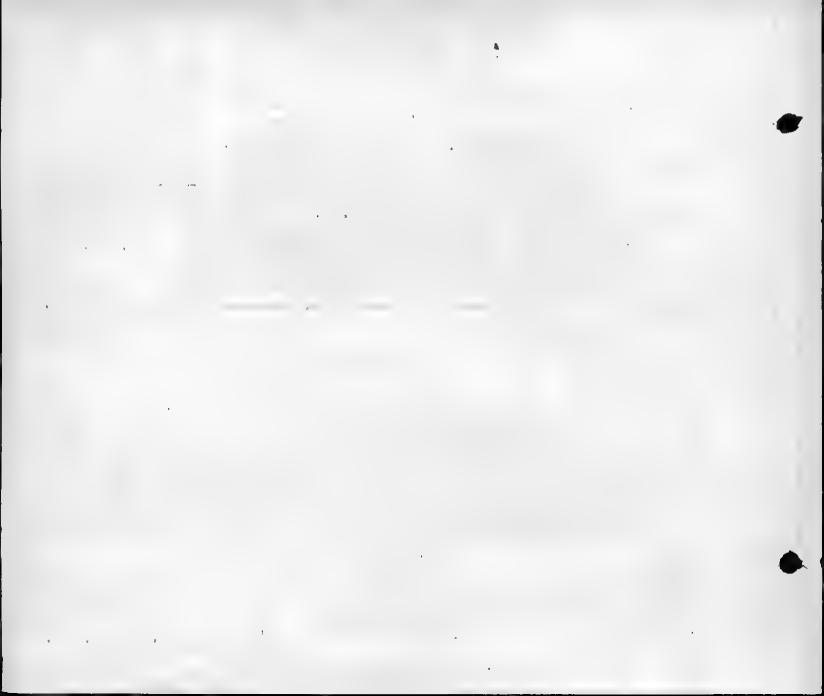
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 のクプロ3 EDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY Baltimore Pennsylvania MARYLAND b. CITY OR TOWN (If ourside corporate limits, write SURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neares (gave) GSVILLE Downington d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE è ON A FARM? Lincoln Avenue 2 YES TO NO TO 3. NAME OF DATE First Lost Month Day Year DECEASED 19. 1959 (Type or print) TALUCCI DEATH June THERESA 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9 AGE ille veon IFUNDER TYEAR IF UNDER 24 HRS. Female WIDOWED [7] White DIVORCED T yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR HIDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI 16. SOCIAL SECURITY NO. Address-(Yes, ng pr unknow INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Ruptured aorta with massive hemothorax IMMEDIATE CAUSE (0) 16 X DUE TO Conditions, if any, which gave rise to immediate cause 0.0 DUE TO (a), stating the underlying cause last. Office in PART H. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 6 PERFORMED? peso YES X NO [200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Passenger in auto-auto collision should 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) ig the Medical factory, street, office bldg., etc.) While Not while 1959 Road Baltimore Maryland at work at work 21. I certify that I taok charge of the remains described above, held an Autapsy [X]. Inspection . Inquiry . and find that Accident X. death resulted fram: Natural causes . Suicide . Hamicide . Undetermined cause ta (ne Chie DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE forwarded to 6/20/59 ASSISTANT MEDICAL EXAMINER M **EXAMINED'S** Charles S. Petty, DEPUTY MEDICAL EXAMINER NAME (Type) cute 229, BURHAL, CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) EUNERAL DIRECTOR'S SIGNATURE ADDRES L24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Circlist & Kraus 5M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



X	MARYLAND STATE DEPARTMENT OF HEAL'	TH—BALTIMORE, 18
B.H	6403 CERTIFICATE OF DEAT	TH 06545
	1. PLACE OF DEATH O. COUNTY BALTINGS O MARYLAND 2. USUAL RESIDENCE (** O. STATE MA.	Where deceased lived. If institution. Residence before admission)
- 5 5		If outside carparate timits, write RURAL and give nearest town)
* * **	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION	e IS RESIDENC
Š	3. NAME OF First Middle Lost	4. DATE Month Day Year
	(Type or print) L = Abelle Teipe 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 I
podpers.	TEMALE WIDOWED DIVORCED NOW 23 18	63 95 yn
r death	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sto during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S NAME	IIMORE Md. M.S.A.
e carb	ANTHONY GOCKING UNKNO	11 1 4
remov 72 hou	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2004	
please Within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWICE
Then	PART 1. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (a) DUE TO DUE TO	- Zheyo
permit. in any	Conditions, if any, which gave rise to immediate cause (a), stoting the under Due to	1+412.
ronsit 1. and	1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	MINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF
emova	[V	PERFORMED' YES NO
a the t	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ematia	20c. TIME OF INJURY Month, Day, Year Nite Not while of work of work 19 of wor	rm, 20f. (City or town) (County) (State.)
ned to	21. I certify that I attended the deceased from 19.07, to alive on 3 19.07, to alive on 3 19.07	
detac to bu	direction occurred at	ADDRESS (Street, city or town, stote) DATE Sto
rar prior	SIGNATURE IS AUGUS UNDER M.D. 1014	rancia Ge-Balle 27-al.
w <u>p</u>	PHYSICIAN'S TREDER V. DEITLER 220. BURIAL, CREMATION, 222. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	20 LOCATON CO.
the re	Sund July 1, 1959 New CAThedRAL	BALTINER Md.
(4) 55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REI	C'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 1111 1 159 Cooling & Kraha
	3512 Frederick (29)	

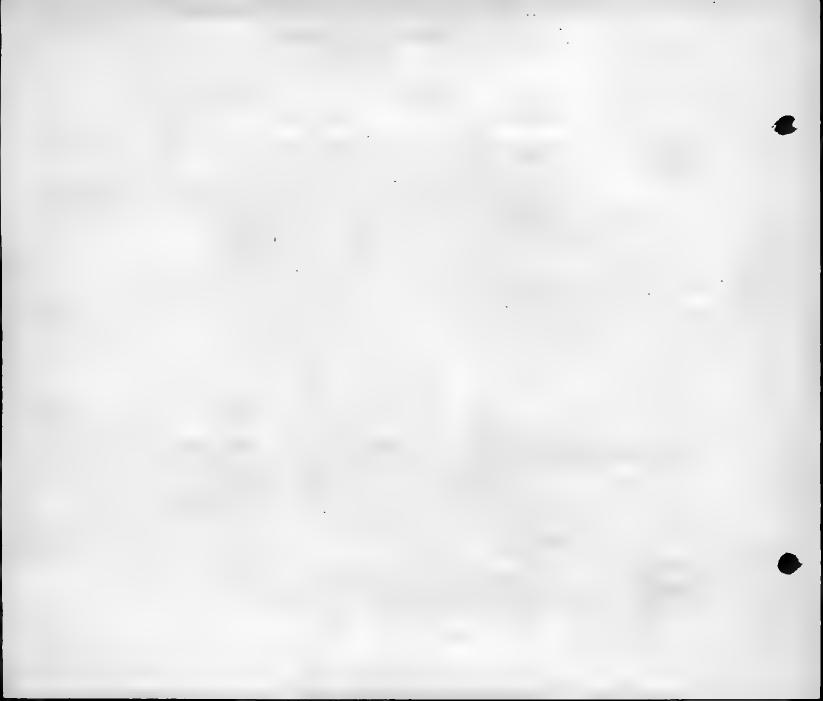


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death.

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requires that the death certificate



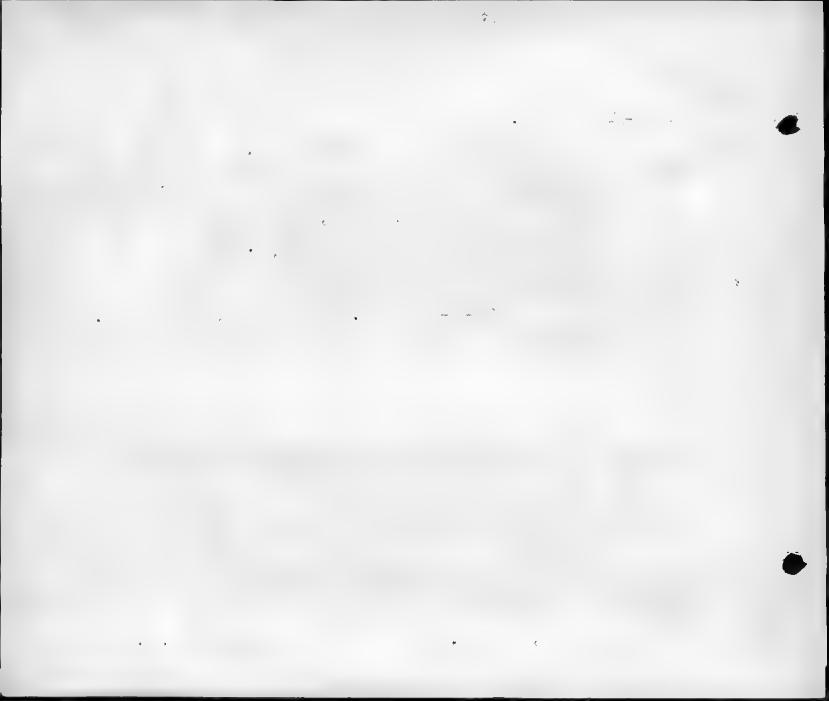
ADDRESS

240 REC'D BY REGISTRAT

DATE

246. REGISTRAR'S SIGNATURE

₩S. A15ME 5M 2/57 23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 10/57 06548

6558 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a COUNTY	Baltimo	re	MARYLAND	2	USUAL RESIDENCE (W		d lived If institute b. COUNTY		imor		
b. CITY OR TOWN RURAL and give I	(If autside carporate fim		c. LENGTH OF STAY IN 16	#	c. CITY OR TOWN (IF		orate limits, write R				
	llstown			1	Randa						
d NAME OF HOSPI	ITAL (If not in hospital, s	31v6 street	address)	#	d. STREET ADDRESS				e I	S RESIDEN	NCE
3	200 Offutt	Road			3200 Offut	t Road	d			ON A FAR	
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF	Man	th	Doy	Year	
(Type or print)	FRA		L.		THOMAS	DEATH		3	8	195	9
5. SEX		7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)	Months			
Male	White	WIDOW			ne 11, 187		83 yrs.	WONTHS	Days H	aurs A	Min.
during most of wa	ION (Give kind af wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State	or foreign c	country)	12 CITI	ZEN OF V	VHAT COL	UNTRY
<u>Farmer</u>	y .				Baltimor		, Md.	U	5A.		
13. FATHER'S NAME				1	MOTHER'S MAIDEN						
	Clias Thom					ine L	. McKne	W			
(Yes. no. or unknown)	ER IN U.S. ARMED FOR Ill yes, give war or dates of t	service)		INFO	RMANT		Add	ress			
No		2	13-34-2899A	_]	Mrs. Ama	L. Ti	hurnas -3	200 0	ffutt	Road	d
	ATH [Enler only one co	ouse per fir	ne for (o), (b), and (c).]		- /				INTERV	AL BETWE	EN
	ATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	acute		Pulmono	un	Odem	ب	014321	AIND DEA	N 1 (7)
450.0	DUE TO)		-							
Canditions, if)	Anterio ack	sa	eco!						
gave rise to cause (a), stating)									
lying cause lost.	/ ((
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	TNO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART	P	WAS AUTO	D?
200. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in	Part Ler Par	1 II of item 18.)		1	3 🗀 140	<u> </u>
200. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)		-								
	RY Month, Day, Ye	ar 20d It	NJURY OCCURRED 20e. P	LACE	OF INJURY (Home, form	n, 20f. (City	or tawn]	(C	ounty)	[:	State)
Haur a m, p. m.	19	While of world		octory	, street, office bldg., etc	:-} }					
21. I certify ti	hat I attended the	decens	ed from 6/8		, 1958, la	6/8	19.59	that I I		Maria de la	
alive on	118	10	150	h oc	curred at 1/3	20 10 6					
	7		and mor dean	ii uc			freet, city or town,		e dore :	SIGIEG G DATE S	
ACTUAL SIGNATURE	Mortos	280	Ellen	MD.							
PHYSICIAN'S NAME (Type)	Morton J.	Ellin	n, M.D.		7039 L	ibert	y Road -	Balti	more	∍ 7, i	Md
220. BURIAL, CREMATIC REMOVAL (Specify			22c NAME OF CEMETERY	OR CR	EMATORY	1	TION (City, tawn, 1	or county)		(Stole)	
Birrial	6/11/19	59	Lorraine				imore		rylar	ıd	
23 JUNEPAL DIRECTOR	th / Thomas	ana	DDRESS		24o. REC	D BY REGIS	TRAR 245 REGIS	TRAR'S SIG			
Ellsworth	Armacost-	4600	Liberty Hoht	S.	Ave. DATE			Thung S.	Tiraca		

6009 HARFORD



FOR STATE HEALTH DEPT.

or, please our files.

TO DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negrecated the cell of the word "pending" in pendit in Item, 18. Given Pages 1, 2, and 3 to the funeral of a should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be essed as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar remaryfl, and its designated agent, prior to burial, cremation, ar remaryfl, and its designated agent, prior to burial, cremation, ar remaryfl, and its designated by the state death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116551

6567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0001							Reg. Dis	t. No.	
	PLACE OF DEATH S. COUNTY Balto			MARY	AND	2 USUAL RESIDENCE (V	Vhere decea	led lived. If institution b. COUNT		ce before	odmission)
1	o. CITY OR TOWN (If a		e PLPAs	c. LENGTH OF STAY		c. CITY OR YOWN (IE		porate limits, write	RURAL and s	ye neare	st town)
						Baltimore			01-4	-	
•	i. Name of Hospita Five Farms			tal, give street address)	5307 St.	Albane	Men			IS RESIDENTE ON A FARW? ES NO NO
3.	NAME OF			h(*14)			-				
-	DECEASED [Type or print)	R.	91	Middle KENT	TO	NGUE. Jr.	4. DATE OF DEATH	Mont Jun		Day	19 59
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8			9. AGE (In years	IF UNDER T	YEAR IF	UNDER 24 HRS.
	male	white	WIDOWED	DIVORCED [Dec. 4. 1918		lest birthday)	Months D	oyı Ho	Min.
10c	. USUAL OCCUPATION during most of working Orthodonis	life, even if retired)	dane 106, KIN	ID OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Stote	ar foreign o	country)	12. CITIZI	EN OF WI	HAT COUNTRY?
13	FATHER'S NAME					Md.	JAMF			-	
	Raymond K.	Tonnie				Lena N.					
	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO.	17 IN	IFORMANT	rmiRina	Address			
(Ye	Ves	Wrold War	·	1	1	irs. Barbara	E. To	ngue=530	7 St.	Alban	s Way
-		H [Enler only one co-		r (b), and (c).					7	INTERVAL	BETWEEN
	PART I. DEATH	H WAS CAUSED BY:	. (1000	22	VU 1 /1	VA.	Lucia		ONSET AN	D DEATH!
	120.1	MMEDIATE CAUSE (o DUE TO	' —	,0,0,	<u> </u>			U. 470	7		VCI
	Conditions, if an		,			/					
	gove rise to immedi	iore couse							-		
	(e), sloting the us	nderlying (c									
z	PART II. OTHE			TRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART		
ğ										YES	ERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.		Ob DESCRIBE I	HOW INJURY OCCUR	RED. (E	nter noture of injury in Fo r	t I or Part fi	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour s.m. p. m.	Y Month, Doy, Ye	While	Not white	e. PLA(E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (Cit)	y or town)	(Coun	17)	(State)
	21. I certify the	at I took charge	of the re	mains described	obo	ve, held an Autops	y 🔲 . I	nspectian 🗂	Inquiry	□.	and in my
	opinion death r	resulted fram:	Natural ca	uses . Accid	lent [Suicide [],	Homicide	, Undete	rmined m	onner	
	ACTUAL SIGNATURE	hock	, C	Woun	el	M.O CHIEF MEDICAL EX	KAMINER [4.	_	101	ATE SIGNED
	EXAMINER'S NAME (Type)	hades	FC	DONN	e	ASSISTANT MEDICAL	EXAMINER [3	(e	11	159
220	REMOVAL (Specify)	N, 276. DATE THERE	OF 2	ZG. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)
	Burial	6/13/5	9	Lorrain	B CE			odlawn, l			
23.	EUNYRAL DIRECTOR'S	SIGNATIONE A	ILY Y	ADDRESS	512	DATE U	N 1 5 '5	0	STRAR'S SIGN		
_1	141420- 11	יעייעיי	7	VI VV	- 100	A DI DATE	- 0	1 66	than 8 +	venus -	

EALTH DEPT your files.

X

ory, please

TO DEPUTY ME. TEXAMINER: This certificate should be executed within 24 hours offer death. If any delay is new consecute the centre of writing the word "pending" in pending them, 13. Give Pages 1, 2, and 3 to the funeral of a should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of ar its designated agent, prior to buriel, cremation, or removal, and in any eventualish 72 hours ofter death

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06553

I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE Manual 2 b. COUNTYD 2 4 4 months of the county
Baltimore MARYLAND b. CITY OR TOWN (1) outside corporate limits with SURAL CHENGTH OF STAY IN 16	rarytand bartimore
and give reconst (owe)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RES DEN
o. Marie of House or House of the House Harding, the men deficies	ON A FARM
3. NAME OF First Middle	1 78/ YANDEKMAST LANE YES NO
(Type or print) ERNEST W. VANDERM	957 SR DEATH 6 5 DOY YEAR 1959
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH, 9. AGE (to years less brighday) Months Days Hours Min
M WIDOWED DIVORCED	6/24/1011 6/ Yrs.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS (Dring most of working life, even if tetired)	TRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNT
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
ARNOLD & VANDERMAST	EUZABETH HERR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	INFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per like for (o), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	ORAL, SIM
14 40. Due to	Carl III
Canditians, if any, which)	
gave rise to immediate cause	
(o), staling the underlying out to	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NOTE NOTE:
	Enter nature of injury in Part I or Part II of Hem 18.}
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form, 1201 (City or town) (County) (State
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLY Hour a, m p, m 19 of work of work	tary, street, affice bldg., etc.)
21. I certify that Nook charge of the remains described about	ove, held an Autopsy . Inspection . Inquiry . and in m
opinion death resulted from: Notural couses VI. Accident	
1 1 a a a	
SIGNATURE COLLUS	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S JACK D POLLINS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF 15-15
170. BUR AL, CREMATION, 276 DATE THEREOF 226, NAME OF CEMETERY OF	CREMATORY 220 LOCATION (City, town, or county) (Slote)
DUNI AL (10/39 MEDINURII	DORSET and
TO FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY PEGISTRAR 246. REGISTRAR'S SIGNATURE
11.04 1 1 11 111	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

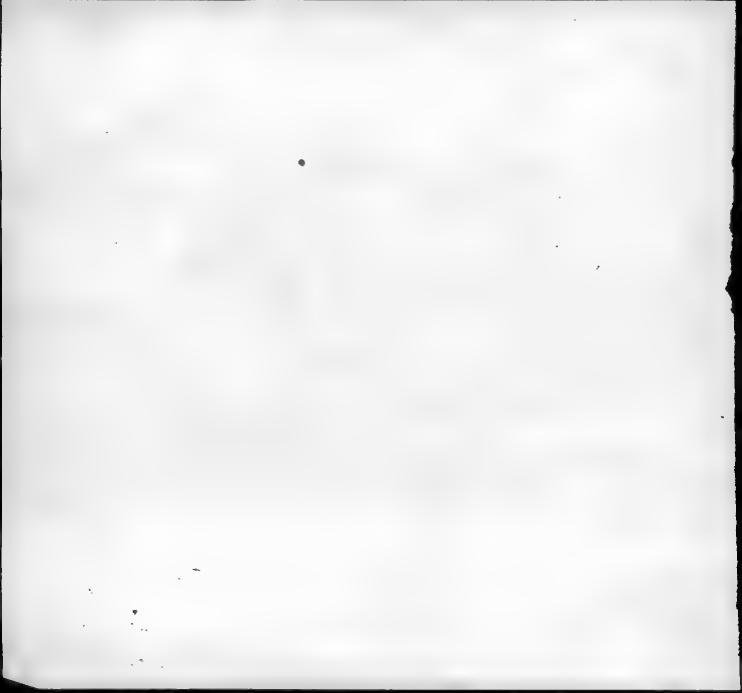
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TO HOSPITAL OR "NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft 1th. Page 4 may be retained of the haspital are offered and physician physician and completely filled in by the 1eral director, and the burnol-trans to permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial cremation, ar removal, and in any event within 72 hours after death.

oth. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 065526562 Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission o COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Edgemere d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Private Home NAME OF DATE First Middle Month Yеог DECEASED OF (Type or print) DEATH 0 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OF RACE 7 MARRIED T NEVER MARRIED 9 AGE (In years ost birthday) S SEX B DATE OF BIRTH Months Days Hours WIDOWED IV DIVORCED [100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) N GITO 10/112 13. FATHER'S NAME 14. MOTHER'S MAIDEN ARMED FORCES? SOCIAL SECURITY NO INFORMANT Address 00 18 CAUSE OF DEATH [Enter only one couse per June for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. Z O PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS ALTOPSY PERFORMED? CERTIFICAT YES NO 206 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18) 206 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home form | 20f (City or town) Doy. Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg etc.) Hour o m While Not while 19 ot work at work p. m. 195 Ithat I last saw the deceased 21. I certify that I attended the deceased fram alive on __ and that death accurred at_// #. ADDRESS (Street, city or town, staffe ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CHEMATORY (Stote) REMOVAL (Specify) 240. REC'D' BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE Cother S. Frank DATE T



IARYLAND STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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06554

CERTIFICATE OF DEATH 6564 Reg. Dist. No. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY b. COUNTY Baltimo ne MARYLAND Maryland b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) lyrlmthhdys Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 492 Hazlett Avenue SPRING STATE GRO VE HOSPITAL YES NO NAME OF DECEASED First Middle 4. DATE (Type or print) Garnett Haucke Vines June 59 DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys femal e white WIDOWED F DIVORCED | yes. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Kentucky U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Leona Stuart. Albert Huake 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Juknown Unknown Records: SPRING GROVE STATE HOS. ITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia DUE TO Arteriosclerotic cardiovascular diseas Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NOTE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) While Not while at work 🔲 at work p. m. . 19 58 to June 26 19 59 that I last saw the deceased 21. I certify that I attended the deceased from May 22 ____, and that death occurred at 2:05p.M. from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURI GROVE 6-26-59 HOSPITAL **PHYSICIAN'S** Stella Wachsler. M. D. Catonsville 28. Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Maysville

ADDRESS

N. & Pa. Balto 17

Maysville Kv.

24b REGISTRAR'S SIGNATURE

Md JUN 2 9 59

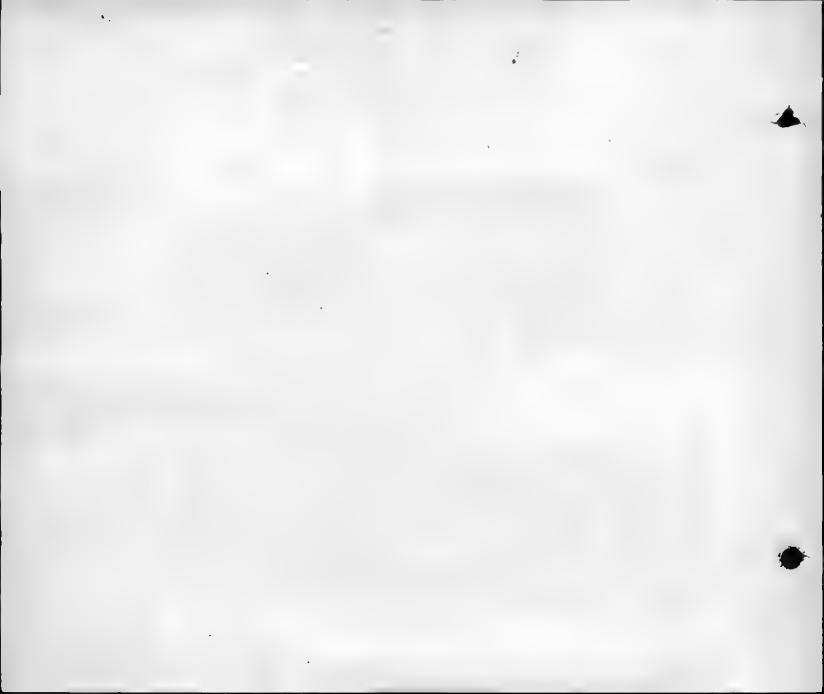
9 VS A15 (4) 1SM 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

William J. Tickner & Sons



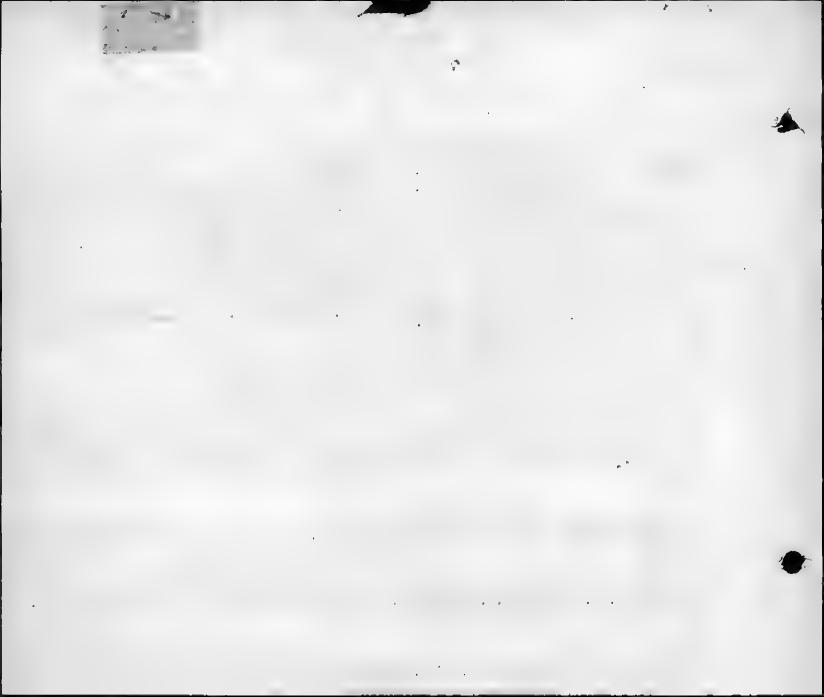
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06555 **CERTIFICATE OF DEATH** 6404 director, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY **b** COUNT) MARYLAND TIMANNE uneral b. CITY OR TOWN lift outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF First Middle 4. DATE Lost Month Doy Yeor (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE MARRIED THE NEVER MARRIED AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Min. DIVORCED | WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPEACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If was, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased fram. Zithat I last saw the deceased alive an and that death accurred M, fram the causes and on the date stated above DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE should be O FUNERAL C **PHYSICIAN'S** NAME (Type) SURIAL CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) JUN 1 6 '59 Cirching & Thousa 15M 10/57





		MAKTLAN	66 CERTIFI	IMENT OF HE		IMORE, 1	8 1)	6557
with J			00 -				Reg. Dist. N	
0 60	J.	PLACE OF DEATH Baltimore	MARYLAI	II A STATE	NCE (Where deceased	lived If institution b. COUNTY		
the second secon	H	DELL DITROF © CITY OR FOWN (If outside corporate limits, write)		1723	aryland		Harfor	
8. 0 2		RURAL and give nearest lown) Fort Howard			WN (If outside corpore			earest tawn)
should the desired the second the		d NAME OF HOSPITAL (If not in haspital, give stri OR INSTITUTION	68 days	Edget d STREET ADD		12	X. 2.	e IS RESIDENCE
5 050		OR INSTITUTION Veterans Administration	Hosmital		oughby Bea	a la		ON A FARM?
in and		NAME OF DECEASED	Middle	Last	4. DATE	Mani		YES NO 🔀
illed es 1		DECEASED (Type or print) JESSE	F.	WATTERS	OF DEATH	June	20	Poy Year 19 59
Pcg	S. :	EX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	15	. AGE (In years lost birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS
d v			OWED DIVORCED	M / (/	3932	27 yrs.	Months Doys	Hours Min
cample papers ath.	10c	. USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired)	06. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLAC	E (State or foreign cou	intry)	12 CITIZEN	OF WHAT COUNTRY
and can ban pap death,	20	dy & Fender Repair - A	uto. Garage	Edgewo	ood. Marvla	and	U.S.A	4.
.0 . 7	13.	FATHER'S NAME	_	14. MOTHER'S M	AIDEN NAME			
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	IS (Ye	WAS DECEASED EVER IN U. S ARMED FORCES? The property of the pr		17 INFORMANT		Addr		
oth ce ding ose re in 72			The state of the s	Clinical Re-	c. VA Hosp	ital, Ft		
dea then with		18. CAUSE OF DEATH (Enter only one couse pe	•	OMENIAT GAROS			10	TERVAL BETWEEN
the or her her ent.		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (6) 1 49. 2 Due to	INTRA-ABD	OMINAL CARC	INOMATOSIS			
that by tl r. T								
ed an an		Conditions, if any, which gove rise to immediate DUE TO						
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sicion. seen si ransit I, and	Z	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL DISEASE	CONDITION GIVE	EN IN PART I(o)	19. WAS AUTOPSY
phys phys as b iof-tr ioval	CERTIFICATION							PERFORMED? YES NO IXI
first ing ing bury rem	RTIFI	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of in	njury in Port I or Part I	l of item 18.)		
ITAN tend tend ifico ifico the ', or								
Y SIC	MEDICAL		I INJURY OCCURRED 200	PLACE OF INJURY (Ho- foctory, street, office b	me, form, 20f. (City o	r town)	(County) (Stote)
this this removed the service of the	WE	p. m. 19 mt s	ille Not while work of wark					
ing free start of fo		21. I certify that Y Attended the dece	osed from April	13 , 19 59 ,	to June 20	19 59	, ACOPPOSI	awareas eas
ENO he hi oche ouric		TOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC	ΣΦΟΦΦC, and that de	eath occurred at 8	20_AM, from	the couses a	nd on the de	ote stated obove
2 g a		The of of	mlung -			el, city or town, i		DATE SIGNED
one de la priore		SIGNATURE Vicine h. th	muce	M.D VA He	ospital, F	. Howar	d, Md.	6/20/59
		PHYSICIAN'S IRVING H. SHONE	REEG U	TEA TE		h	2 752	1/20/ra
많이 보이 그 이 그 이 그 이 그 이 그 이 그 이 그 이 그 이 그 이	220	BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETER		ospital, F			
may be a page 3 s page 3 s the regist	B	REMOVAL (Specify)		morial Gard		ON (City, town, o	r county)	(Stote)
0 0 0 ±		Urial June 23,1950	ADDRESS		to. REC'D BY REGISTRA		TRAR'S SIGNATE	JRE
Vs A15 (4) 15M 10/57	1	HURYak Kill town	La alingdon	1.1	ATE JUN 23 'S	0	rthur & A	· ·
	MC	COMAL FUNDIAL HOME, AB	ELNGION, MD.					





VS A15 (4) 15M 9/55

14	MARYLAND STA	TE DEPARTMENT OF HEALTH-BALTIM	ORE, 18
4	6568	CERTIFICATE OF DEATH	R
	1 PLACE OF DEATH	2 USUAL PREIDENCE Office decord lived	If institution.

06559

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY RAL	70	MARYLAND 2	D. STATE	re deceased lived. If ins b, COU	itiution: Residence I	before admission)
b. CITY OR TOWN (If outside corp RURAL and give nearest fawn)		H OF STAY IN 16	CATO		rite RURAL and give	
d NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give street address) IAACIKL-RAK	216	d. STREET ADDRESS	JACK CRY		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First S	Middle W 41	Lost PFLE	4. DATE OF DEATH	Month T	Doy Yeor
5. SEX 6. COLOR C	WIDOWED WIDOWED	VER MARRIED 8. I	DATE OF BIRTH	9. AGE (In y lost birthe	eors IF UNDER 1 Y lay) Months Do	EAR IF UNDER 24 HRS 1ys Haurs Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	if retired)	USINESS OR INDUSTR	Y 11. BIRTHPLACE (State o	foreign country)	12. CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME DORP	15 WHIZ		14 MOTHER'S MAIDEN NA LOC	ME		
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16. SOCIAL SEG			White	Address 4-305	Rockers
18. CAUSE OF DEATH [Enter of PART 1. DEATH WAS CAU IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the under-		0	umoria a			Interval Between onset and death (one 4 set)
lying couse last.	(c) Order	ING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COUNTY OF COU	P DEATH AMINER)	CURRED 20e. PLACE	Enter nature of injury in Pa F OF INJURY (Home, form, y, street, elfice bldg., etc.)		(Cau	nty] (State)
21. I certify that I attend alive on June Le			coursed at 23 %	A	es and an the	t saw the deceased date stated above DATE SIGNEE
PHYSICIAN'S Wet	herbee	FORT	-			
220. BURIAL, CREMATION, REMOTIVAL (Specify)	a portal .	AE OF CEMETERY OR C	REMATORY 7	22d LOCATION (City 16	own, or county)	7 = (Stote)
23. FUNERAL DIRECTOR'S SIGNATUR	, / ,	tess.	240. REC'D DATE JUN		REGISTRAR'S SIGNA CL-Illum S. H	



1 %		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1656)
FOR STATE		6569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	-1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 5. COUNTY 5. COUNTY 6. COUNTY 7. STATE 6. COUNTY 7. STATE 7. STATE 8. COUNTY 9. STATE
Pogos Heolih	1	MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL ord give nearest lown) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
of The Court	Ł	Colonsille 5 yrs Catinopple
d for		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give west address) d STREET ADDRESS 5727 Bell and ves NO L
funeral funeral storined Store B death.		NAME OF DECEASED A First Middle Middle William Doy Year OF DECEASED OF DEATH DEATH OF 1959
any da the by the by the coffer	-	SEX - 6. COLOR OF RACE 7. MARRIED TEVER MARRIED B. DATE OF BIRTH 9 AS IN your IFUNDER IVEAR IF UNDER 24 HR
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1 72 de 0	10	5. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote & 'Greign country) during north of working life, even fretwed)
MA3.	13	FATHER'S NAME
orm Poor		. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17/NFORMANT
Marie P		(If you give war or do to a service) Your While Theil are
d with		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
in Illi		LL ', DUE TO THE
S Office of the second of the		Conditions, if any, which gove rise to immediate couse
in i		(c), stoting the underlying DUE TO
ficate shading of Exemption remotio	115	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOTION} \) NO \(\text{TOTAL PART II (4)} \) NO \(TOTAL PART II (4)
ord "p Medic Medic Md be rriol, c	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.)
NER: The Grand of to the state of the stat	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. RNJURY OCCURRED 20e PLACE OF INJURY (Home, form, Place of work of wo
AMI weiling to the Pag		21. I certify that I took charge of the remains described obave, held an Autopsy . Inspection I Inquiry ond in my
ogen ogen		apinian death resulted from: Natural causes [, Accident], Suicide], Hamicide]. Undetermined monner
Corwood Direct		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
FR M be lid be grade grade	,	EXAMINER'S GEO, S. M. KIEFFER MEDICAL EXAMINER [] SPUTY MEDICAL EXAMINER [] STEEL ST.
DEPU Securi	27	O EVELAL CREMATION 200 DAYE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (Stote)
25. A15ME	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 2/57		John Jen fel 531/ Elynondson (loo DATE JUN 1 9 '59) 2 think
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VS A1S (4) 1SM 9/SB

		E DEI WICHTIEN	IL OF HEALTH	DALIIMO	RE, 18	6562
	6570	CERTIFICAT	É OF DEATH	l	Reg. Dist.	
	PLACE OF DEATH O. COUNTY O. COUNTY O. COUNTY	MARYLAND 2	USUAL RESIDENCE (Who		Finstitution Residence	before admission)
	b CITY OR TOWN (If outs do corporate limits, write C LENG RURAL and give nearest town)	GTH OF STAY IN 1b	CITY OR TOWN (IF 6)	itside corporate imits	, write RURAL and giv	e nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	6	RCG H	Clon o	Tive.	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) LULU N.	Middle //L:	SON lost	4. DATE OF DEATH	6 11	Day Year
	Female W WIDOWED 13	DIVORCED -	ATE OF BIRTH	76 83	100	YEAR IF UNDER 24 HRS
	10a USLA. OCCUPAT ON (Give kind of work done 10b. KIND Ol during most of working life even if retired) Wester	home	m	d	12.CITIZE	NOF WHAT COUNTRY?
	13. FATHER'S NAME B. Nich	-la	4. MOTHER'S MAIDEN N	AME CA	Irnole	1
	15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL (Yes, no. or unknown) (If yes, give wor or dates of service)	SECURITY NO INFO	Helles	VI NES	Address	
	18 CAUSE OF DEATH (Enfer only one cause per line for (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	(b), and (an)	neumo	near	-	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate cause (a), storing the under-lying cause last.	w. Care	inoma of	Punc	reas	
`	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UT NG TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDIT	TION GIVEN IN PART I	(o) 19 WAS AUTOPSY PERFORMED? YES NO
	OR ACCIDENT WAS UNDERSTORD TO THE OF DEATH OF THE O	OW INJURY OCCURRED. (E	inter nature of injury in P	get I or Part II of iter	m 18	
	20c TME OF INJURY Month, Doy Year 20d INJURY O Haur o. m. While No ot wark □ ot	t while foctory	OF INJURY (Home, form, street, office bldg., etc.		(Cor	onty) (State)
	21. I certify that I attended the deceased from alive on 6-10, 1954	, and that death oc	, 1932 o J	M, from the cou		sow the deceased
N. A.	ACTUAL WEM Have Fe			ADDRESS (Street, city		DATE SIGNED
7	PHYSICIAN'S Wether bee	FORT	. 6	acto.	78-	
	220 BURIAL, CREMATION 22b. DATE THEREOF 22con REMOVAL (Specify) (C/13/59)	ame of CEMETERY OR CE	REMATORY	22d LOCATION (CIT	y, town, or county)	(Stote)
	23 EUNERAL DIRECTOR'S SIGNATURE ACTION ACTION OF ACTION	DRESS		BY REGISTRAR 2	46 REGISTRAR'S SIGN	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06563**CERTIFICATE OF DEATH** Rea. Dist. No. with 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)) PLACE OF DEATH . COUNTY Balto. filed y o. STATE b. COUNTY Balto-MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Ellicott City Ellicott City d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION ON A FARM? 600 Columbia Rd. YES NO 600 Columbia Rd. NAME OF First Middle 4. DATE DECEASED DEATH WIRT (Type or print) ROSS K. June 10 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED B DATE OF BIRTH Months Davs white WIDOWED [DIVORCED [male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Penna. Food Broker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma - (unknown) Jacob L. Wirt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT World War Mrs. Lena B. Wirt - 600 Columbia Rd., Ellicott ves CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY ELLTE MYOCARDIAL 420.1 DUE TO CORONARY THROMBOSIS Conditions, if any, which ! gave rise to immediate DUE TO couse (o), stoting the under-SCLEROTIC CARDIOVASCULAR lying cause lost. PART NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO 129, WAS AUTOPSY PERFORMED? YES 🔲 NO 🔽 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram. 1956 to 6-14 1959 that I last saw the deceased ___, and that death accurred at 12:30 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED ACTUAL**SIGNATURE EDLUMBIA should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Rolling Green Cem. New Cumberland, Penna. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE JUN 1 5 '59 Collan & Flow 15M 10/52





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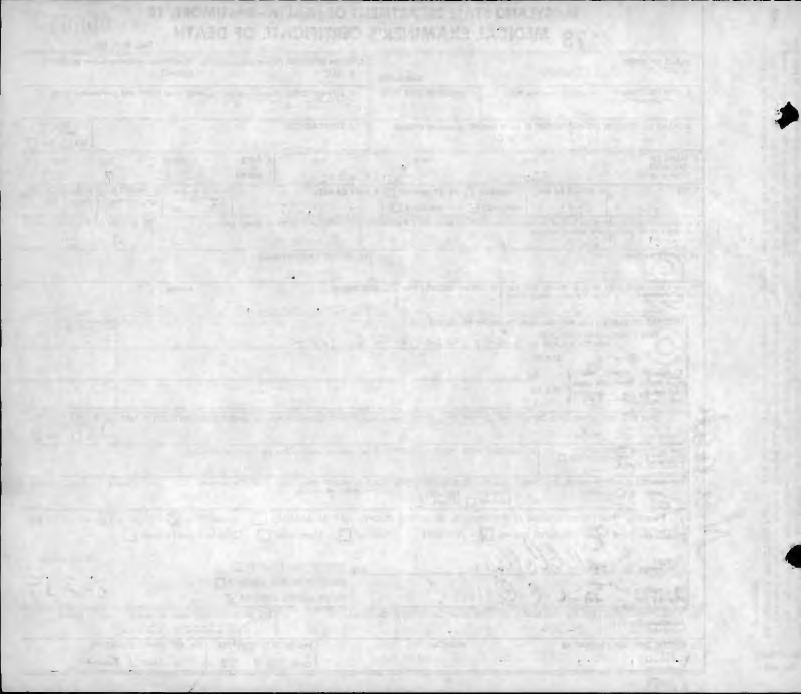
VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 657

ORERE

		6573	MEDIC	CALE	XAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist. I	No.	<i>J</i> .,
1.	PLACE OF DEATH	Baltimor	e Cour	ıty	MARY	LAND	2. USUAL RESIDENCE • STATE rylar		sed lived. If institu b. COUNT		before adn	nission)
1	b. CITY OR TOWN (and give rearest low		is, write RURAL	c. U	ENGTH OF STAY	IN 16	c. CITY OR TOWN Baltimo	(If outside cor	porote limits, write	RURAL and give	negresi t	own)
,	d. NAME OF HOSPI 503	TAL OR INSTITUTE Fairview			give street address	1)	503 Fair		Avenue		ON	RESIDENCE
	NAME OF DECEATED (Type or print)		First Elsa		Middle	VOL	LNER	4. DATE OF DEATH	Mont JUN		•	Year 1959
	Female	White		RRIED [NEVER MARRIED DIVORCED		DATE OF BIRTH June 20,187	77	9. AGE (In years lost birthdoy) 81 yrs.	Months Days	R IF UNE	Min.
100	usual occupate during most of worki	ing life, even if re	ired)		employe	INDUST	Germany	te or foreign	country)	12. CITIZEN	of what	1.4
13.	FATHER'S NAME				<i>y</i>		14. MOTHER'S MAIDEN					V
	()	unknown)	Ph-	ilips	on		Unknoen					
15.	WAS DECEASED E	VER IN U. S. ARMI	D FORCES?		L SECURITY NO.	17. IN	FORMANT		Address			
{Yu	s, no, or unknown)	Iff yes, give war or d	otes of service)			The	omas J. Nee	onen 2	7 Wort C	oden Hi	11 P	hen
MOIN	Conditions, if a gove rise to Imma (a), stoting the cause lost. PART II. OT	ediote couse underlying	(c)	S CONTRIB	3		OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS	DRMED?
CERTIFICATION	200. EXTERNAL CAPRIMARY OF CO	NUSE WAS DITRIBUTING	20b. DESC	CRIBE HOV	/ INJURY OCCUR	RED. (Er	eter nature of injury in Pa	ort I or Port II	of item 18.)		115 []	№ 🔀
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		V	Vhile	Not white at work		E OF INJURY (Home, for ry, street, office bldg., et		y or town)	(County)		(Stole)
	21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	and the second s	orge of the oral cause	lun			e, held an Autopide, Homicia M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER CAL EXAMINE	ER 🔲			find that
220	BURIAL CREMATION REMOVAL (Specify	ON, 226. DATE TO		22c. N	NAME OF CEMETE			22d. LOCA	TION (City, town, ltimore		(Sto	10)
-	m. Cook,		17 St	_	ADDRESS il Stree	t		O'D BY REGIS		STRAR'S SIGNAT	-	

DATE JUN 9



VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

06566

Reg. Dist. No.

1. PARCE OF PEATH 1. COUNTY 1. MARTIANO 1. COUNTY 1. Initiation: Residence before adminishing the CURRENT of COUNTY 1. COUNTY	-		
REPAL and gire neonate flowers d. NAME OF HOSPITAL (IF not in hospital, jobr street address) 3. NAME OF HOSPITAL (IF not in hospital, jobr street address) 3. NAME OF HOSPITAL (IF not in hospital, jobr street address) 4. STREET ADDRESS ON HILL FM 3. NAME OF HOSPITAL (IF not in hospital, jobr street address) 3. NAME OF HOSPITAL (IF not in hospital, jobr street address) 3. NAME OF HOSPITAL (IF not in hospital, jobr street) 3. NAME OF HOSPITAL (IF not in hospital, jobr street) 3. NAME OF HOSPITAL (IF not in hospital, jobr street) 4. STREET ADDRESS ON A STREET AD	1	a. COUNTY / / / /	
A. HAME OF INSTITUTION A. HAME OF INSTITUTION B. DATE DOWN PROBLEM TO DECRAFOR First Nidgita Lett A. DATE DOWN PROBLEM TO DECRAFOR The DECRAFOR		b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital) give firet odders) 3. NAME OF HOSPITAL (If not in hospital) give firet odders) 3. NAME OF HOSPITAL (If not in hospital) give firet odders) 3. NAME OF PITAL S. P. MORE D. S. D. N.		D	X RURAL -WOODLAWN
SHARE OF PEAR IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 1/2 (a) 19 WAS AUTOPSY 1/2 (b) 19 WAS AUTOPSY 1/2 (c)		d. NAME OF HOSPITAL (If not in hospital, give street address)	
DECEASED (Type or print) 5. SEX C. COLOR OR PACE 7. MARRIED NEVER MARRIED N. DATE OF BIETH S. DATE OF BIETH P. AGE (In year) FUNDET YEAR FUNDEX 2 HES, INC. DATE SIGNIFICATION (Give kind of work adone) 10s. KIND OR BUSINESS OR INDUSTRY 11. BIETHPRACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY) 13. FAITHPRACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY) 13. FAITHPRACE (Side or foreign country) 14. MOTHER'S MANDEN NAME 15. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FIFE IN U. S. ABINED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS CAUSED BY: 18. WAS DECEASED FOR INFORMATION 18. WAS AUTOPSY PERFORMED 18		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
5. SEX Color Of Back Married Never Married S. DATE OF BIETH 9, 850 Injustration Doys Hours Min.	3	DECEASED	A CONTRACTOR OF THE CONTRACTOR
DIVORCED DIVORCED TAMARY GIGO Morth Doys Hours Min.	L	111111111100	IMMERIMAN DEATH 6 // 1939
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MARCHARD 18. MARCHARD BY	5		TANIMON O (ORA lost birthday) Months Days Hours Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE DY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 179. WAS AUTORSY PENOCRARED VES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 179. WAS AUTORSY PENOCRARED VES NO 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED of work of w	11	Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE DET. IMMEDIATE CAUSE (o). 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE DET. 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE DET. 19. THE PART I. DEATH WAS CAUSE DET. 19. THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOREY PERFORMED? 20. ACCIDENT WAS UNDERVING. 20. ACCIDENT WAS UNDERVING. 20. ACCIDENT WAS UNDERVING. 20. ACCIDENT WAS UNDERVING. 20. THE OF INJURY Month, Day, Year Work of Work of work of work of work of work of work. 21. I certify that I attended the deceased from foody, street, office bidg., etc.] 21. I certify that I attended the deceased from M.D. PART II. OTHER COLUMN. 22. I certify that I attended the deceased from M.D. PART II. DEATH PART II. DEATH PART II. STORY FOR SIGNATURE 22. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOREY PERFORMED? 23. LINE OF INJURY Month, Day, Year Work of work o	6	the state of the s	MARYLAND V.S.A.
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	L	WILLIAM E. ElIMERMAN	MARTHA STEELE
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21. I certify that I attended the deceased from MUARY 15, 19 79, to Will 17, 19 79, that I last saw the deceased alive on TIME 19, 19 99, and that death occurred at MORESS (Street, city or fown, state) ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) ENW LPERPONT MD. 220. BURIAL CREMATION 226. DATE THEREOF 22C. MAME OF SEMETERY OR CREMATORY 12d LOCATION (City, Igwm, or county) 15 (Store) 16 (Store) 17 (Store) 18 (Store) 19 (Store)			LACE OF INJURY (Home, form. 20f. (City or Jawn) (County) (State)
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